

FIG. 1A

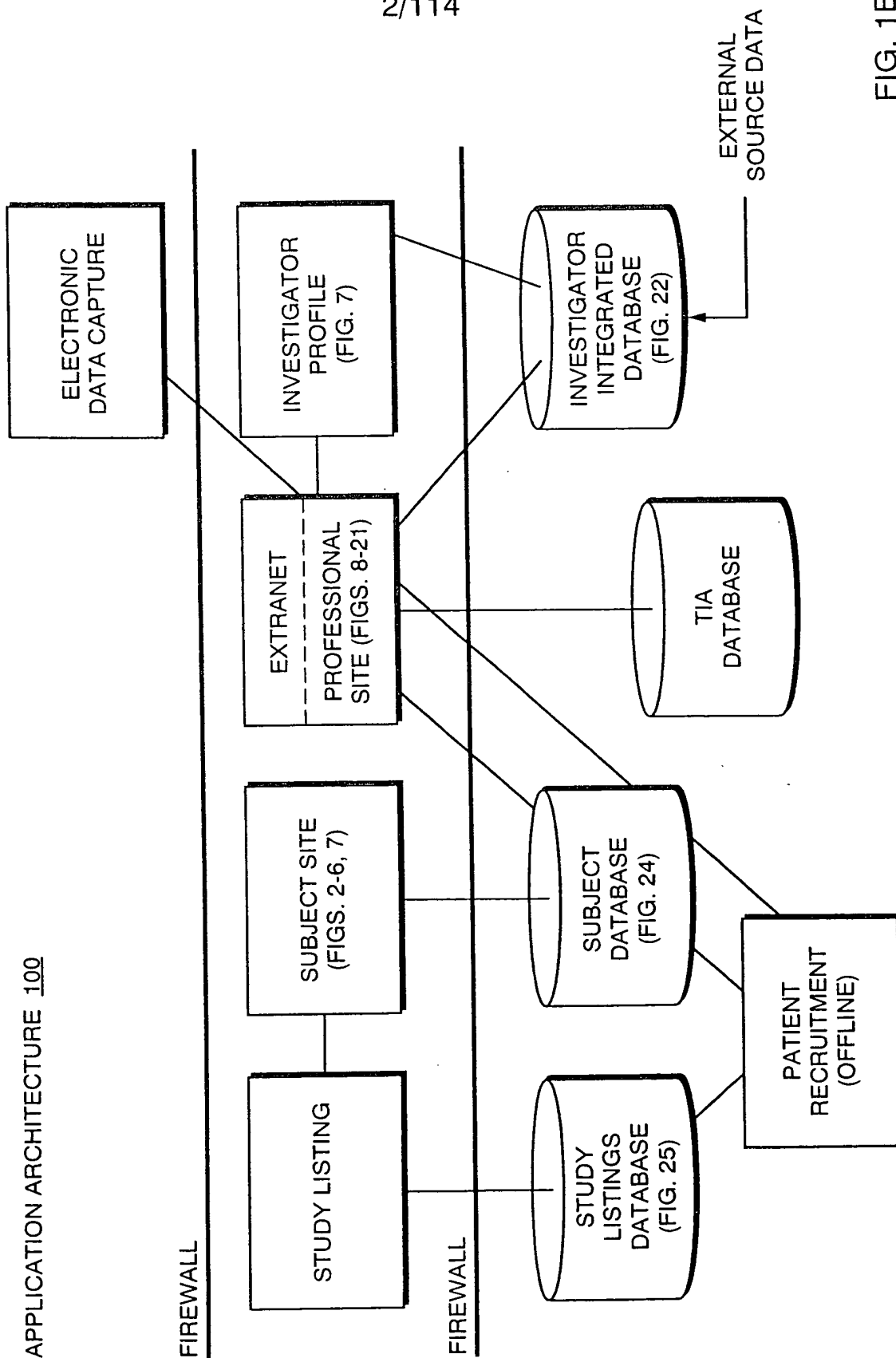


FIG. 1B

Search

☐ Feature Stories
 ☐ News Archive
 ☐ Ask the Expert
 ☐ About Clinical Trials
 ☐ Tutorial

Therapeutic Area

☐ Cancer
 ☐ Neurological Conditions

☐ Register Now  
 Review Clinical Trials Ask Questions and More

Register

To register to become a member, just fill in the form below.

201

Email

202

Username

203

Password

Retype Password

Username 4-digits chars, no blank spaces  
 Password 4-digits chars, case-sensitive

 Your privacy is of the utmost concern to us. For more information, read [Privacy & Security Policy](#).
 

As part of the registration process and to protect your privacy, we ask that you please choose one of the questions in the box below and type the answer into the second box. If you forget your password, this question will be given to you. After correctly answering the question, you will be asked to reset your password so you can have full access to the site.

Your question

FIG. 2A

205

Your answer, up to 45 characters.

Δ

▽

Terms of Service

Please read the following Terms of Service agreement.

206

Terms of Service Agreement

Δ

▽

☐ I Agree

☐ I Do Not Agree

Benefits of Registration

Registered users will benefit from:

- ☐ Our comprehensive clinical trial listings - get trial information and find out how you can be considered for participation in clinical trials.
- ☐ The ability to ask questions of our medical experts.
- ☐ Timely, relevant announcements of new trials and drug information.
- ☐ Exclusive interactive tools, including your own personal library of news information.
- ☐ Emails informing you of updates to our clinical trial listings, news and information, tailored to your selection.
- ☐ A personal profile used to optimize your experience.

FIG. 2B

Search

☐ Feature Stories  
☐ News Archive  
☐ Ask the Expert  
☐ About Clinical Trials  
☐ Tutorial  

Therapeutic Area

☐ Cancer  
☐ Neurological Conditions  

☐ Register Now  
☐ Review Clinical Trials Ask Questions and More

Search clinical trials

Home /

Personal Information

Personal Information

Medical Condition

Contacts

300

Personal Information

Add or modify your name, password, address and other information about you.

301

First Name

Last Name

Phone #

ext.

Address

City

State

ZIP CODE

Email

Gender

☒ Male
 ☐ Female

☐ Change My Password  
☐ Change My Question  
☐ Show My Library welcome page  
☐ Show My Profile welcome page

☒ Yes  
☐ No  
☒ Yes  
☐ No

☒ Save

302

FIG. 3

6/114

Search

Search clinical trials

Home /

Personal Information

Medical Condition

Contacts

☐ Feature Stories

☐ News Archive

☐ Ask the Expert

☐ About Clinical Trials

☐ Tutorial

Therapeutic Area

☐ Cancer

☐ Neurological Conditions

☐ Register Now

☐ Review Clinical Trials Ask Questions and More

401

Cancer

402

☐ View

400

Medical Conditions

Select conditions that interest you and indicate the kind of information you would like to receive. Please select a therapeutic area in the pull-down menu and then click "View" to see the conditions that fall within that area.

404

If you'd like to see another therapeutic area, simply go to the pull-down menu, make another selection and then click "View". The page will automatically display the new therapeutic area.

Cancer

Please email me updated information on:

405

Clinical Trial Opportunities

403

Medical News/Drugs

Condition	Medical News/Drugs	Clinical Trial Opportunities
Abdominal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Acute T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Adrenal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Transplant	<input type="checkbox"/>	<input type="checkbox"/>

FIG. 4A

FIG. 4B

FIG. 4C



Rectal Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testicular Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombocytopenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymomas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulvar Carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilms' Tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Save

FIG. 4D

503

FIG. 5A

### Introduction: What are clinical trials ?

Quite simply, a clinical trial is a very carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.

When a promising new medication is identified, the drug undergoes careful evaluation for safety and effectiveness through the clinical trial process. Typically, the doctors chosen to conduct clinical trials are experts within their medical specialties. The pharmaceutical or biotechnology company that is sponsoring the trial reports their findings to the U.S. Food and Drug Administration (FDA). The FDA reviews those findings and if they determine that the drug is both effective and safe to use, then they will make the drug available for broader use by doctors and their patients.

Doctors conducting clinical trials frequently ask their patients if they are interested in volunteering to participate in a clinical trial. Each trial has different requirements for how it is conducted, such as conditions for patient eligibility, length of the study, dosage of the study drug, and types of medical procedures, to name a few. If you are interested in participating in a clinical trial, it is very important that you review these requirements with the doctor conducting the clinical trial to ensure your eligibility and to determine the potential benefits and risks from the trial.

FIG. 5B

If you are looking for clinical trials that may be beneficial for you, please search our clinical trials listing for details on type and location. This is the first step to review the exciting medical research on the potential new treatments of tomorrow that may benefit you today.

© Back to top

### Why are clinical trials important ?

Clinical trials are important to increase medical knowledge and find better ways to help people. Generally, the goal of clinical trials is to introduce an investigational treatment that is safer and more effective than the standard treatment for a particular disease or condition. In addition, for those diseases for which there are no treatment options, research and clinical trials may be the only avenue to uncover a potential treatment.

© Back to top

### The clinical trial process.

After a drug is successfully tested in laboratory and animal studies, the FDA grants approval for testing to begin in humans. The testing of drugs in clinical trials - also called clinical studies or clinical research - usually occurs in three and sometimes four different phases or steps. Each phase normally involves a larger number of people.

503

**Phase I.** In Phase I trials, researchers study how quickly an investigational treatment works and how the human body processes the investigational treatment. They also try to find dose ranges that will produce the desired effects. Phase I trials typically involve healthy volunteers, but sometimes severely ill patients will participate in these trials.

**Phase II.** In these trials, the safety and effectiveness of an investigational treatment is studied in larger groups of people who have the disease or condition to be treated.

**Phase III.** In Phase III trials, the safety and effectiveness of an investigational treatment are studied in larger populations of people for whom the drug is intended. Typically, there are hundreds or thousands of people in a Phase III trial. Often, the investigational treatment is compared with standard treatments in hopes of finding better ways to help people. The pharmaceutical or biotechnology company that is sponsoring the trial reports the findings from Phase III trials to the U.S. Food and Drug Administration (FDA).

**Phase IV.** Phase IV trials are also called post-marketing trials. Only after the FDA has determined that the medicine is both safe to use and equivalent or superior to existing therapies is it then made available for broader use by physicians and their patients. Phase IV trials take place after a drug has been approved. Findings from Phase IV trials provide additional information about the safety and efficacy of the drug.

© Back to top

## How are participant's rights and safety protected during a clinical trial ?

The FDA is the government agency that develops policies and guidelines that protect the rights, safety, and well-being of people involved in clinical research. The rights and safety of people participating in clinical trials are also protected by an Institutional Review Board and by an informed consent form. An Institutional Review Board (IRB) is comprised of both physicians and lay people for the purpose of studying the design of the trial and ensuring that participant's rights are maintained. The informed consent form explains the clinical trial and outlines a participant's rights. You should always be given an informed consent form prior to enrolling in any clinical trial.

© Back to top

## Who pays for clinical trials ?

- Sponsors fund clinical trials. This funding can come from the federal government via the National Institutes of Health (NIH) or directly from pharmaceutical and biotech companies.
- The clinical trial sponsor contracts with specialized physicians and/or researchers to administer the trial. Settings for the trials could range from the physician's office to a hospital or research facility. Reimbursement for this service is typically paid out on a per-patient basis.

503

- Sponsors may pay you to participate in a clinical trial. Typically, these fees, when provided, are nominal.
- Medical care is often provided at no cost to the patients, but they still may be responsible for other expenses such as travel between their homes and the health care facility.

Patients may also have to pay for some medical procedures, tests, or hospital stays if these are considered a part of standard treatment and not part of the clinical trial. Before you enroll, you should determine exactly who pays for what services.

© Back to top

### Where can you get more information about clinical trials ?

If you or someone you know has a medical problem and is thinking about taking part in a clinical trial, speak to your health care provider first. In taking an active role in the management of your health, you may want to work closely with your provider to find out if a particular clinical trial is right for you.

© Back to top

### Questions you need to ask.

503

- What is the length of your involvement in the clinical trial ? How long will the trial last ?
- Where will you have to go in order to participate in the clinical trial ?
- What are the possible treatments you may receive while in the clinical trial ?
- Do the treatment alternatives they provide cover all possible treatments for this disease ? If not, what are your other treatment alternatives ?
- What procedures are built into the study to keep you safe from harm while you are participating ?
- What are the risks and benefits of participating in the clinical trial ?
- If there are risks, what will happen should you have an adverse reaction to the treatment in the study ?
- What costs may you incur if you participate ?
- Will the treatment be available to you even after the clinical trial has concluded ?
- Where are the funds coming from to conduct this trial ? What is their purpose in sponsoring the trial ?

You should also feel free to ask any other question about the trial you want answered.

© Back to top



### Common terms used in clinical trials.

**Clinical trial:** A clinical trial - also called a clinical study or clinical research - is a way to evaluate the safety and benefits of a new drug in a carefully controlled setting. The new drug is tested in people who volunteer to participate in the trial.

**Clinical investigator:** A clinical investigator is a doctor or scientist who is responsible for carrying out the planned research activities for a clinical trial. Typically, the doctors chosen for these clinical activities are experts within their medical specialties.

**Coordinator:** A coordinator is a person (usually a nurse or other medical professional) who is responsible for organizing the planned clinical research activities for a trial. The coordinator is also responsible for taking care of important study documents.

**Food and Drug Administration:** The Food and Drug Administration is often referred to as the FDA. The FDA is a government agency that develops policies and guidelines that protect the rights, safety, and well-being of people involved in clinical research. The FDA also enforces the laws that govern the approval, regulation and monitoring of drugs and medical devices.

**Informed Consent:** Informed consent is a process that confirms a patient understands the nature of a study, the risks involved, and the expected benefits of treatment. A written and dated form called the "informed consent form" is signed by a patient to document this process.

**Institutional Review Board:** An Institutional Review Board is usually referred to as the "IRB." The IRB is a group of medical, scientific, and nonscientific people that are responsible for reviewing and approving the planned clinical activities of a study. The group ensures the protection of the rights, safety, and well-being of patients who volunteer for clinical trials.

**Investigational treatment:** Investigational treatment is another term for the drug, treatment, or medical device that is studied in a clinical trial.

**Principal investigator:** The principal investigator is the doctor or researcher who is put in charge of all clinical activities at a particular study location and who supervises the care of patients in the study.

**Protocol:** A protocol is a plan that contains guidelines for a clinical study. The pharmaceutical or biotechnology company that discovered the investigational treatment usually develops the protocol.

503

**Sponsor:** The sponsor is the organization that funds a clinical trial and that develops a plan for the research. The organizations can be a pharmaceutical or biotech company, a research institution, or other health organization.

**Standard treatment:** Standard treatment is a term that refers to approved medical procedures, drugs, tests, or hospitalizations that are a part of the general care considered to be appropriate for certain diseases and conditions. It is the "best treatment" currently known for a given disease. If there are no current treatments shown to be effective against a particular disease, then no treatment would be the standard treatment for that condition.

© Back to top

FIG. 5J



made available for broader use by doctors and their patients.

Doctors conducting clinical trials frequently ask their patients if they are interested in volunteering to participate in a clinical trial. Each trial has different requirements for how it is conducted, such as conditions for patient eligibility, length of the study, dosage of the study drug, and types of medical procedures, to name a few. If you are interested in participating in a clinical trial, it is very important that you review these requirements with the doctor conducting the clinical trial to ensure your eligibility and to determine the potential benefits and risks from the trial.

If you are looking for information on where clinical trials are taking place and the types of trials that are available, you can search our clinical trials listing. If you want to learn more about clinical trials, please see our About Clinical Trials page. These are the first steps in learning about clinical trials and in deciding how medical research on possible treatments for tomorrow may help you today.

About Clinical Trials will provide you with more information.

FIG. 6B

Search

☐ Feature Stories  
☐ News Archive  
☐ Ask the Expert  
☐ About Clinical Trials  
☐ Tutorial  

Therapeutic Area

☐ Cancer  
☐ Neurological Conditions

☐ Register Now  
☐ Review Clinical Trials  
☐ Ask Questions and More

Search clinical trials

605

### General Trial Interest Form

Please select the therapeutic areas and the specific conditions that interest you. Select up to three conditions below. Your selection(s) will be saved to the Medical Conditions section of My Profile, where you can select additional conditions.

606

Primarily interested

☒ for myself  
☐ for someone else

607

Select therapeutic area

Select therapeutic area

Select therapeutic area

608

How would you like us to contact you ?

☒ by email  
☐ by phone  
☐ by regular mail

609

First Name

Last Name

FIG. 6C

609

Phone #

ext.

Email

Address

City

State  Select state

ZIP CODE

Best time to contact you  day

Willing to travel  1-10 miles

☐ Submit ☐ Cancel

611

610

FIG. 6D

<div> <div>Search</div> <div> <input type="text"/> <input type="button" value="Go"/> </div> </div>		<div> <div>Search clinical trials</div> <div> <input type="button" value="Go"/> </div> </div>	
<div> <div> <input type="radio"/> Feature Articles           <input type="radio"/> Medical News           <input type="radio"/> Ask the Expert           <input type="radio"/> All About Clinical Trials           <input type="radio"/> Tutorial         </div> <div>Therapeutic Area</div> <div> <input type="radio"/> Cancer           <input type="radio"/> Neurological Conditions         </div> </div>		<div> <div>Step 1 of 3</div> <div> <b>Register</b> </div> <div> <p><b>Welcome !</b></p> <p>To register with _____ we invite you to compute the following questionnaire about you and your health. This should take approximately 5 minutes to complete. _____ will use the information to present you with new medical therapy and clinical trial information that is of specific interest to you.</p> <p>Your privacy and security are very important to us; therefore we encourage you to review our <a href="#">Privacy &amp; Security Policy</a>.</p> <p><b>Choose Your Username and Password</b></p> <p>Please choose a username <input type="text"/></p> <p>Please choose a password <input type="text"/></p> <p>Please re-type your password <input type="text"/></p> <p>Choose your reminder question <input type="text"/></p> <p>Please enter your answer to the question <input type="text"/></p> <p>What is your mother's maiden name ? <input type="text"/></p> <p><b>Are you seeking information for yourself, or for someone else ?</b></p> <p> <input checked="" type="radio"/> I am seeking information for myself  <input type="radio"/> I am seeking information for someone else         </p> <p><input type="button" value="Continue"/></p> </div> </div>	

FIG. 6E



FIG. 6F

☐ I do not want to receive information by e-mail.

### Medical Conditions

By completing this section, you will help us to provide you with information that meets your interests.

I am interested in the following conditions \* (you may choose more than one):

Medical Conditions: \*

Acne  
AIDS/HIV  
Allergies  
Alopecia (Hair Loss)

Add >

< Remove

My Conditions:

Alopecia (Hair Loss)  
Cancer: Prostate  
Seizures (Epilepsy)

Continue

FIG. 6G

Search

☐ Feature Articles
 ☐ Medical News
 ☐ Ask the Expert
 ☐ All About Clinical Trials
 ☐ Tutorial

Therapeutic Area

☐ Cancer
 ☐ Neurological Conditions

☐ Register Now  
 Review Clinical Trials Ask Questions and More

search clinical trials

Step 3 of 3

**Information Request**  
 I would like to receive information about my conditions:
 

**Alopecia (Hair Loss):**  
☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Cancer - Prostate:**  
☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Seizures (Epilepsy):**  
☐ Send me Clinical Trial Opportunities  
☐ Send me News and New Medical Therapies  
☐ Do not send me information

**Terms and Conditions**  
 Please read the following Terms and Conditions Agreement.
 

650

**TERMS AND CONDITIONS**

By selecting "I Accept", you are accepting the Terms and Conditions above and will become a registered user.

FIG. 6H

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> <div style="margin-left: 10px;"> </div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> <div style="margin-left: 10px;"> </div> </div> </div>
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Feature Articles</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Medical News</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Ask the Expert</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>All About Clinical Trials</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Tutorial</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Therapeutic Area</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Cancer</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Neurological Conditions</div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="radio"/> </div> <div>Register Now Review Clinical Trials Ask Questions and More</div> </div> </div>
<h2 style="margin: 0;">Registration Complete</h2> <p style="margin: 10px 0;">Thank you for registering with us.</p> <p style="margin: 10px 0;">Your request to receive information about the conditions you selected is being processed; you should receive updates periodically.</p> <p style="margin: 10px 0;">As a result of your interest in clinical trial opportunities, we would like to ask you additional questions about your health and medical condition(s). These questions are similar to what a doctor, or other medical professional would ask you when you are being screened for participation in a specific clinical trial. This information is important in determining your possible preliminary eligibility for a specific clinical trial.</p> <p style="margin: 10px 0;">Please take a few more minutes to answer the next set of questions, and keep in mind that these are optional. If you do not have time to complete the additional questions right now, you may update your profile the next time you login to acurian.com. Would you like to continue ?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; padding: 10px 20px;">Yes, Continue</div> <div style="border: 1px solid black; padding: 10px 20px;">No, Return to Previous Activity</div> </div>	

FIG. 6I

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> <input style="width: 20%; text-align: center; border: 1px solid black; border-radius: 50%; margin-left: 5px;"/> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 80%;" type="text"/> <input style="width: 20%; text-align: center; border: 1px solid black; border-radius: 50%; margin-left: 5px;"/> </div> </div>	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> <input style="width: 20%; text-align: center; border: 1px solid black; border-radius: 50%; margin-left: 5px;"/> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 80%;" type="text"/> <input style="width: 20%; text-align: center; border: 1px solid black; border-radius: 50%; margin-left: 5px;"/> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Search</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Feature Articles</li> <li><input type="radio"/> Medical News</li> <li><input type="radio"/> Ask the Expert</li> <li><input type="radio"/> All About Clinical Trials</li> <li><input type="radio"/> Tutorial</li> </ul> <p><b>Therapeutic Area</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Cancer</li> <li><input type="radio"/> Neurological Conditions</li> </ul> </div> <div style="width: 45%; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><input type="radio"/> Register Now</p> <p><input type="radio"/> Review Clinical Trials</p> <p><input type="radio"/> Ask Questions and More</p> </div> </div> </div> </div> <div style="width: 35%;"> <p><b>Search clinical trials</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input style="width: 90%;" type="text"/> <input style="width: 10%; text-align: center; border: 1px solid black; border-radius: 50%; margin-left: 5px;"/> </div> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p><b>Step 1 of 5</b></p> </div> <div style="margin-top: 10px;"> <p><b>Medications (Optional)</b></p> <p>Are you taking prescription (Rx) or over-the-counter (OTC) medications for these conditions ?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Your Medical Conditions</th> <th style="width: 20%; text-align: center;">Prescription</th> <th style="width: 20%; text-align: center;">Over-the-Counter</th> <th style="width: 20%; text-align: center;">No Medications</th> </tr> </thead> <tbody> <tr> <td>Alopecia (Hair Loss)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cancer: Prostate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Seizures (Epilepsy)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Do you take medications for any of the following conditions:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Medication</th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Allergies or Asthma</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Heartburn</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>High Blood Pressure</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Pain</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Thyroid Disorders</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Heart Conditions</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <div style="display: flex; justify-content: flex-end; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>Save and Continue</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Save and Return to Previous Activity</p> </div> </div> </div> </div>	Your Medical Conditions	Prescription	Over-the-Counter	No Medications	Alopecia (Hair Loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer: Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication	Yes	No	Allergies or Asthma	<input type="radio"/>	<input type="radio"/>	Heartburn	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Pain	<input type="radio"/>	<input type="radio"/>	Thyroid Disorders	<input type="radio"/>	<input type="radio"/>	Heart Conditions	<input type="radio"/>	<input type="radio"/>
Your Medical Conditions	Prescription	Over-the-Counter	No Medications																																						
Alopecia (Hair Loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Cancer: Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Seizures (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Medication	Yes	No																																							
Allergies or Asthma	<input type="radio"/>	<input type="radio"/>																																							
Heartburn	<input type="radio"/>	<input type="radio"/>																																							
Diabetes	<input type="radio"/>	<input type="radio"/>																																							
High Blood Pressure	<input type="radio"/>	<input type="radio"/>																																							
Pain	<input type="radio"/>	<input type="radio"/>																																							
Thyroid Disorders	<input type="radio"/>	<input type="radio"/>																																							
Heart Conditions	<input type="radio"/>	<input type="radio"/>																																							

FIG. 6J

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input style="width: 90%;" type="text" value="Search"/> </div> <div style="flex: 0 0 30px; text-align: center;"> </div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input style="width: 90%;" type="text" value="search clinical trials"/> </div> <div style="flex: 0 0 30px; text-align: center;"> </div> </div> </div>	<div style="text-align: right; font-weight: bold; margin-bottom: 10px;">Step 2 of 5</div> <h3 style="text-align: center; margin: 0;">Health Habits (Optional)</h3> <p style="text-align: center; margin: 10px 0;">It is often important to know your health habits when presenting you with possible clinical trial opportunities.</p> <p style="margin: 10px 0;">How often do you exercise ?</p> <div style="margin: 5px 0;"> <input type="radio"/> Never         </div> <div style="margin: 5px 0;"> <input type="radio"/> Once a week         </div> <div style="margin: 5px 0;"> <input type="radio"/> Twice a week         </div> <div style="margin: 5px 0;"> <input type="radio"/> Three times a week         </div> <div style="margin: 5px 0;"> <input type="radio"/> Four or more times a week         </div> <div style="margin: 5px 0;"> <input type="radio"/> Daily         </div> <p style="margin: 10px 0;">How often do you visit your primary care physician ?</p> <div style="margin: 5px 0;"> <input type="radio"/> Once a year         </div> <div style="margin: 5px 0;"> <input type="radio"/> 2-4 times a year         </div> <div style="margin: 5px 0;"> <input type="radio"/> Every month         </div> <div style="margin: 5px 0;"> <input type="radio"/> I do not have a primary care physician         </div> <p style="margin: 10px 0;">Do you smoke cigarettes ?</p> <div style="margin: 5px 0;"> <input type="radio"/> No, I have never smoked         </div> <div style="margin: 5px 0;"> <input type="radio"/> No, I quit smoking         </div> <div style="margin: 5px 0;"> <input type="radio"/> Yes, daily         </div> <div style="margin: 5px 0;"> <input type="radio"/> Yes, occasionally         </div>
---	---	--

<input type="radio"/> Feature Articles
<input type="radio"/> Medical News
<input type="radio"/> Ask the Expert
<input type="radio"/> All About Clinical Trials
<input type="radio"/> Tutorial
Therapeutic Area
<input type="radio"/> Cancer
<input type="radio"/> Neurological Conditions

☐ Register Now  
 Review Clinical Trials Ask Questions and More

FIG. 6K

If you smoke, how many cigarettes do you smoke per day ?

Please enter:  Cigarettes Per Day

If you smoke, how old were you when you started smoking ?

Please enter:  years old



Do you drink alcoholic beverages ?

- ☐ No
- ☐ Yes, occasionally
- ☐ Yes, 1-2 drinks per day
- ☐ Yes, more than 2 drinks per day

Overall, how would you rate your health ?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

FIG. 6L

<p>Search <input style="width: 80%;" type="text"/></p> <p style="text-align: right;"></p>	<p>Search clinical trials <input style="width: 80%;" type="text"/></p> <p style="text-align: right;"></p>	<p style="text-align: center;"><b>Step 3 of 5</b></p> <p style="text-align: center;"><b>Clinical Trial Experience (Optional)</b></p> <p>A clinical trial is a carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.</p> <p>The following questions ask about your experience and interest in participating in clinical trials. These questions are to help us know how many members of ours have participated in clinical trials before.</p> <p>How many clinical trials have you participated in ?</p> <p> <input type="radio"/> 0  <input type="radio"/> 1  <input type="radio"/> 2 - 3  <input type="radio"/> 4 or more         </p> <p>How interested would you be in participating in a clinical trial for a drug that might be used to treat any medical condition(s) you may have ?</p> <p> <input type="radio"/> Very interested  <input type="radio"/> Somewhat interested  <input type="radio"/> Not Sure  <input type="radio"/> Not interested         </p>
--	---	---

☐ Feature Articles  
☐ Medical News  
☐ Ask the Expert  
☐ All About Clinical Trials  
☐ Tutorial

Therapeutic Area

☐ Cancer  
☐ Neurological Conditions

☐ Register Now  
 Review Clinical Trials Ask Questions and More

FIG. 6M



If interested in clinical trial participation how far would you be willing to travel to participate in a clinical trial ?

- ☐ 1 - 10 miles
- ☐ 11 - 50 miles
- ☐ 51 - 100 miles
- ☐ More than 100 miles
- ☐ Any distance

Save and Continue

Save and Return to Previous Activity

FIG. 6N

Search <input type="text"/>	 <input type="button" value="go"/>	Search clinical trials <input type="button" value="v"/>
<h2>Step 4 of 5</h2>		
<h3>Clinical Trial Questions</h3>		
<p>Earlier in the registration process, you expressed interest in clinical trial opportunities. When you are screened for a clinical trial, the doctor at the trial site needs to know more information about your health and the medical condition(s) for which you have been diagnosed. Your answers to the following questions may help determine if you may potentially qualify for a specific clinical trial.</p>		
<p>Listed below are the conditions you selected earlier in the questionnaire. After you answer questions about each condition, a check mark will appear to the right. Your information will be saved after you complete each section. If you are unable to complete these at this time, we will ask you to update your profile the next time you login to acurian.com.</p>		
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Feature Articles</li> <li><input checked="" type="radio"/> Medical News</li> <li><input checked="" type="radio"/> Ask the Expert</li> <li><input checked="" type="radio"/> All About Clinical Trials</li> <li><input checked="" type="radio"/> Tutorial</li> </ul>	<p>Therapeutic Area</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Cancer</li> <li><input checked="" type="radio"/> Neurological Conditions</li> </ul>	<p style="text-align: center;"><b>Questionnaire Complete</b></p> <div style="display: flex; justify-content: space-around;"> <div> <b>Condition</b>            Alopecia (Hair Loss)            Cancer: Prostate            Seizures (Epilepsy)         </div> <div> <input checked="" type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/> </div> </div>
<input type="button" value="Save and Continue"/>		<input type="button" value="Save and Return to Previous Activity"/>
<div style="border: 1px solid black; padding: 10px;"> <p> <input checked="" type="radio"/> Register Now              Review Clinical Trials Ask Questions and More           </p> </div>		

FIG. 60

Search

go

Search clinical trials

go

Step 5 of 5

Feedback

○ Feature Articles

○ Medical News

○ Ask the Expert

○ All About Clinical Trials

○ Tutorial

Therapeutic Area

○ Cancer

○ Neurological Conditions

○ Register Now

Review Clinical Trials Ask Questions and More

Thank you for taking the time to complete your profile.

The information you entered will be saved in the [My Profile](#) of our site. You may update this information at any time by selecting the [My Profile](#) button at the top of the page. We ask that you review your profile at least once a month, so that we may have the most accurate information when trying to present you with clinical trial or medical information.

Acurian welcomes your feedback. Please provide us with any comments you would like to share about the questions asked in this registration process.

Send to Acurian

Return to Previous Activity

FIG. 6P

Search

Search clinical trials

☐ Feature Articles
 ☐ Medical News
 ☐ Ask the Expert
 ☐ All About Clinical Trials
 ☐ Tutorial

Therapeutic Area

☐ Cancer
 ☐ Neurological Conditions

☐ Register Now  
 Review Clinical Trials Ask Questions and More

Thank You

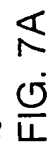
Your message was sent successfully. Thank you for contacting us. Your comments will help us serve you better.

Return to Previous Activity

FIG. 6Q

612

FIG. 6R



Zip Code/Postal Code \*  
 Phone (with area code) \*  
 Telephone Extension  
 Fax (with area code)  
 Email Address

703

Primary Specialty \*  
 Board Certification(s) \*  
 Year of Certification  
 Board Eligible \*  
 Sub Specialty  
 Board Certification(s)  
 Year of Certification  
 Board Eligible

704

-Select One -  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

705

Number of years Investigator has participated in trials ? \*  
 Indicate all phases of clinical research in which the Investigator participated \*

706

☐ Phase I ☐ Phase II  
☐ Phase III ☐ Phase IV

FIG. 7B

How many Investigators  Investigators 707

Is the Investigator affiliated with:  
(check all that apply)

☐ Local IRB ☐ Central IRB  
☐ IEC (Canadian sites only)

If affiliated with a local IRB, what is its name?

How often does the local IRB meet?

☐ Weekly ☐ Bi-weekly  
☐ Monthly ☐ As needed  
☐ Other

If "other", frequency of local IRB meeting?

How soon after the IRB meeting will you receive an approval letter?

---

Has the Investigator ever been audited by the Food & Drug Administration (FDA) or any other regulatory agency?

☐ Yes ☐ No 709

708

FIG. 7C



<p>1. If yes, what was the date of the audit ? <input type="text"/></p>		<p>709</p>
<p>Who was the auditor ? <input type="text"/></p>		
<p>If audited, was a 483 issued ? <input type="radio"/> Yes <input type="radio"/> No</p>		
<p>What were the results of the audit ? <input type="text"/></p>		
<p>2. If yes, what was the date of the audit ? <input type="text"/></p>		
<p>Who was the auditor ? <input type="text"/></p>		
<p>If audited, was a 483 issued ? <input type="radio"/> Yes <input type="radio"/> No</p>		<p>710</p>
<p>What were the results of the audit ? <input type="text"/></p>		
<hr/>		
<p>Has the Investigator gone through an audit by a sponsor or CRO ? <input type="radio"/> Yes <input type="radio"/> No</p>		
<p>1. If yes, what was the date of the audit ? <input type="text"/></p>		
<p>Who was the auditor ? <input type="text"/></p>		

FIG. 7D

What were the results of the audit ?

2. If yes, what was the date of the audit ?

Who was the auditor ?

What were the results of the audit ?

Is your PRF ☐ Single specialty ☐ Multi-specialty

If PRF is multi-specialty, indicate specialties. (one per line)

Is your facility part of ☐ Solo practice ☐ Group practice

Is the facility affiliated with a Site Management Organization (SMO) or research group ? ☐ Yes ☐ No

If affiliated, please specify the SMO name

If affiliated, is this an exclusive relationship ? ☐ Yes ☐ No

710

711

☐ Cancel

☐ Save and Continue

FIG. 7E

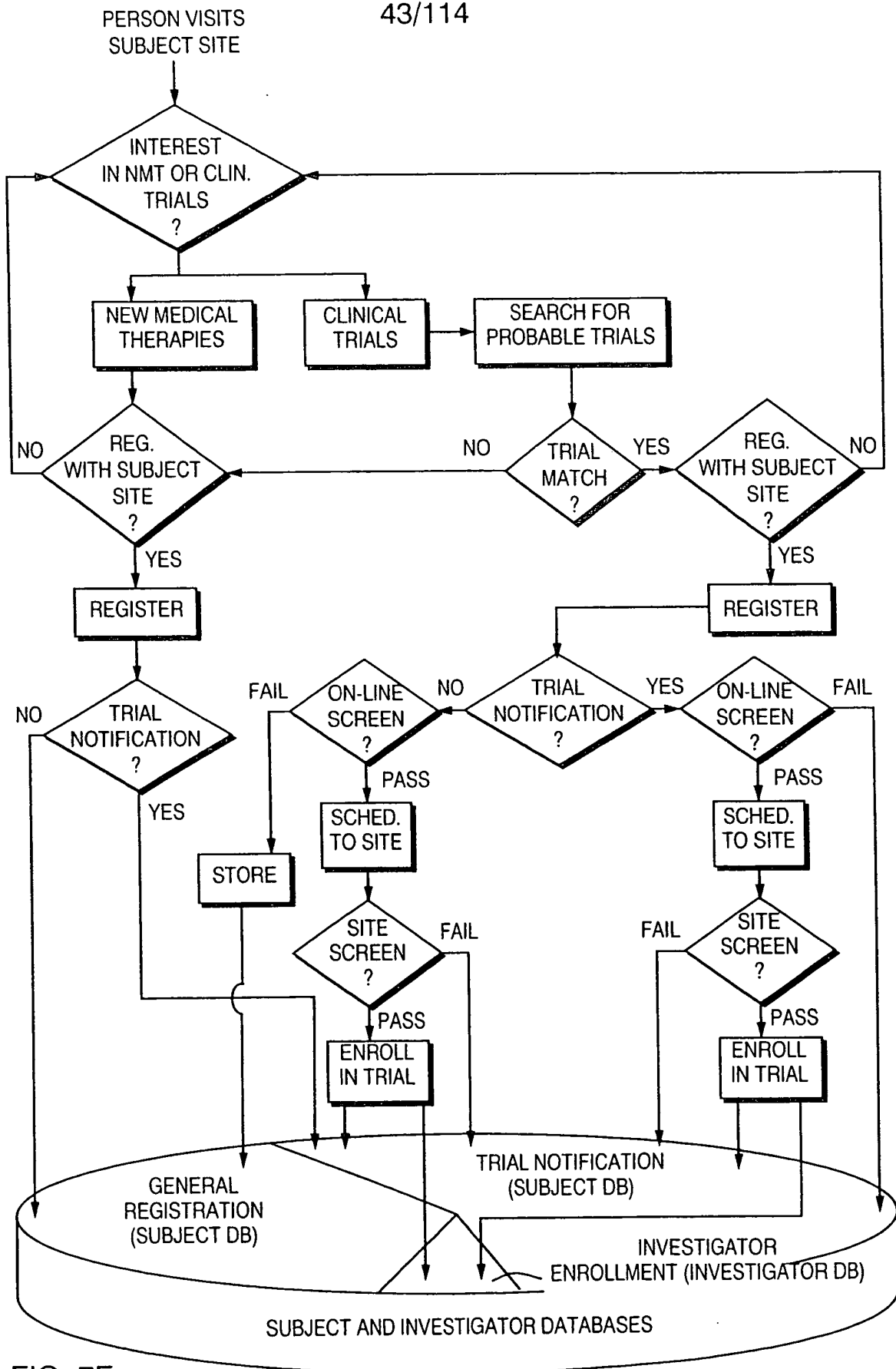


FIG. 7F

44/114

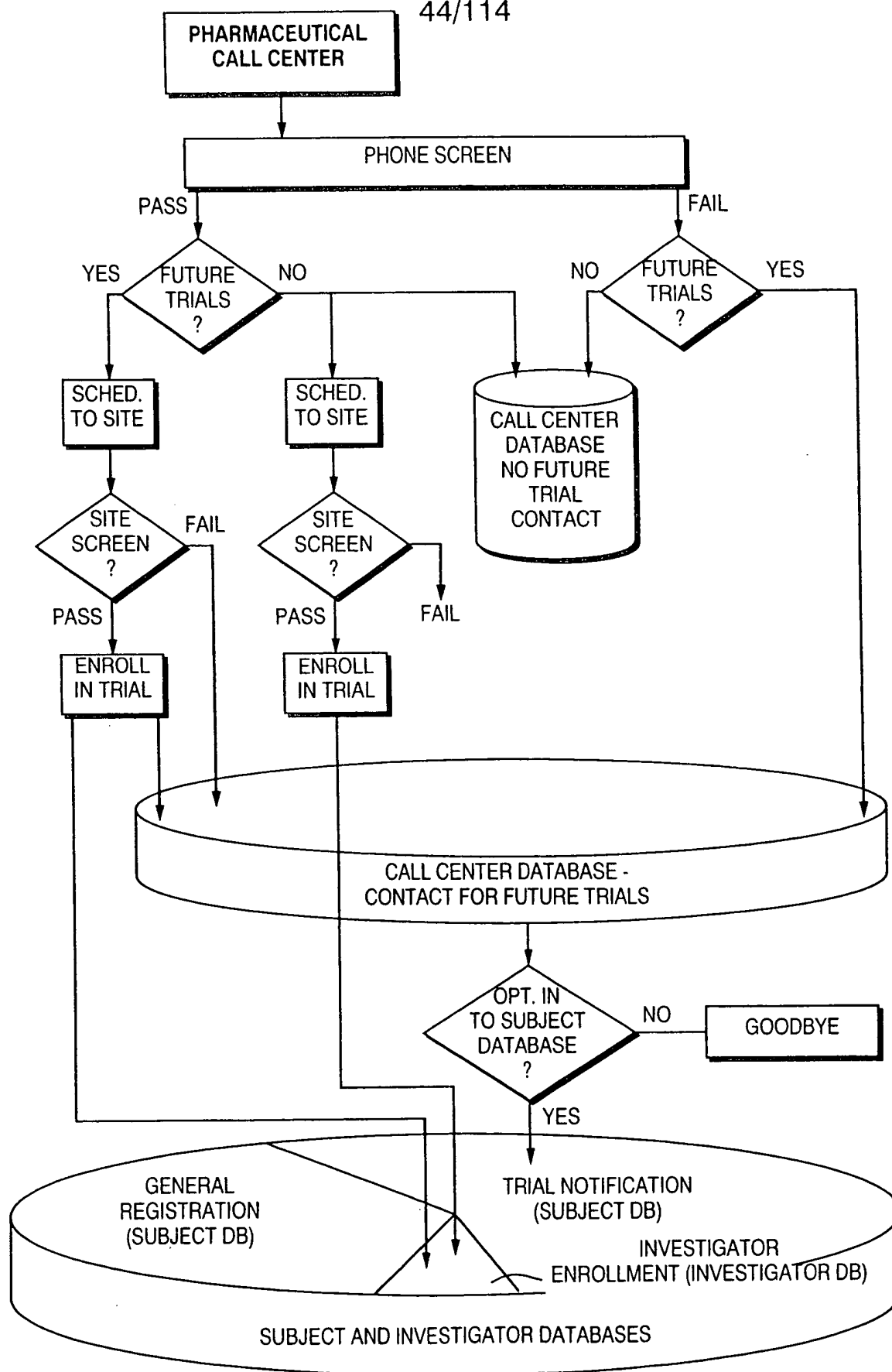


FIG. 7G

45/114

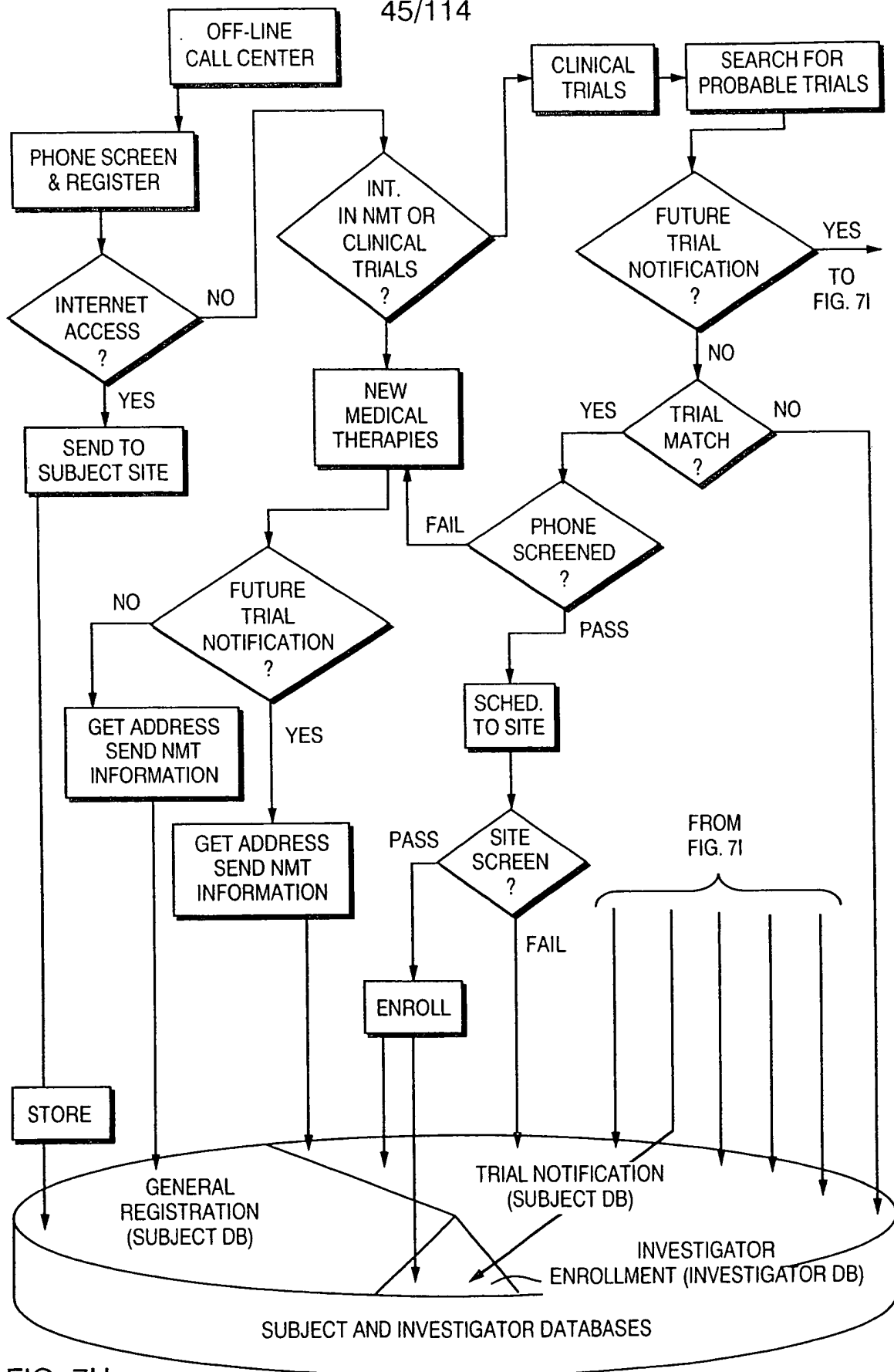


FIG. 7H

46/114

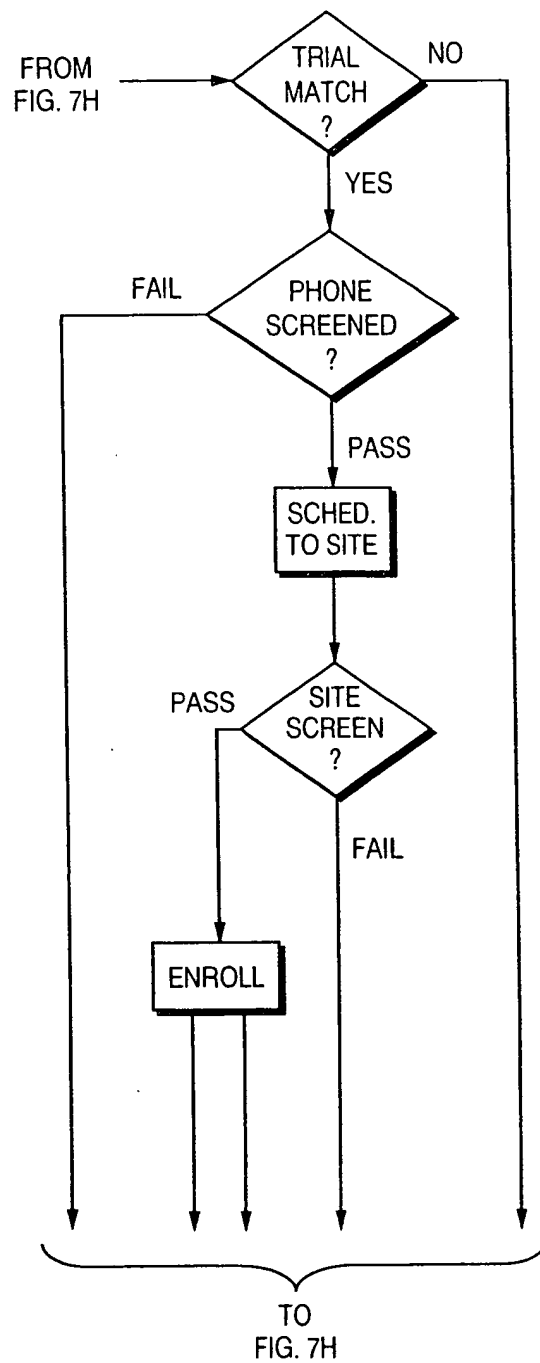


FIG. 7I

47/114

PERSON VISITS  
3<sup>rd</sup> PARTY ON-LINE  
RECRUITMENT SITE

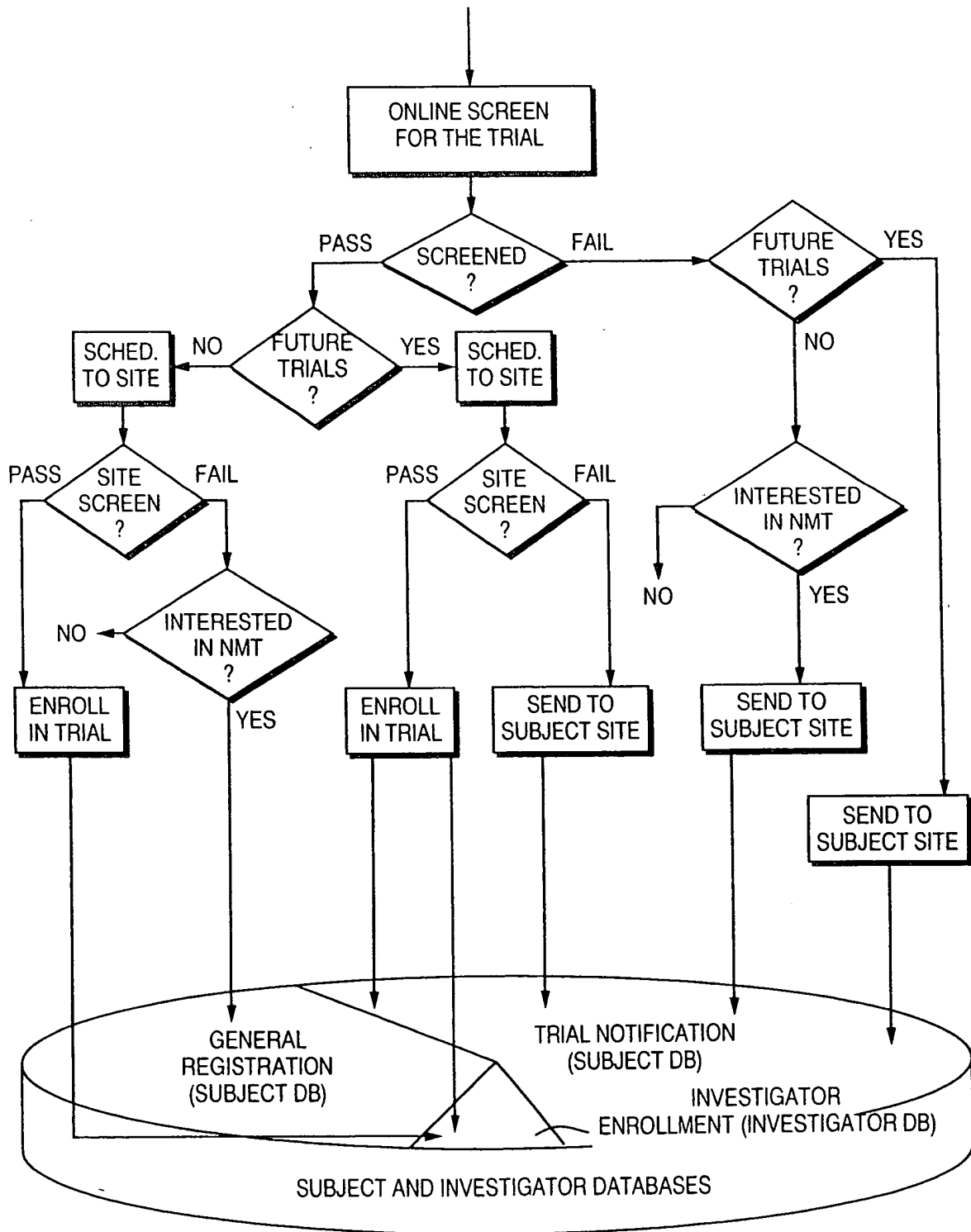


FIG. 7J

48/114

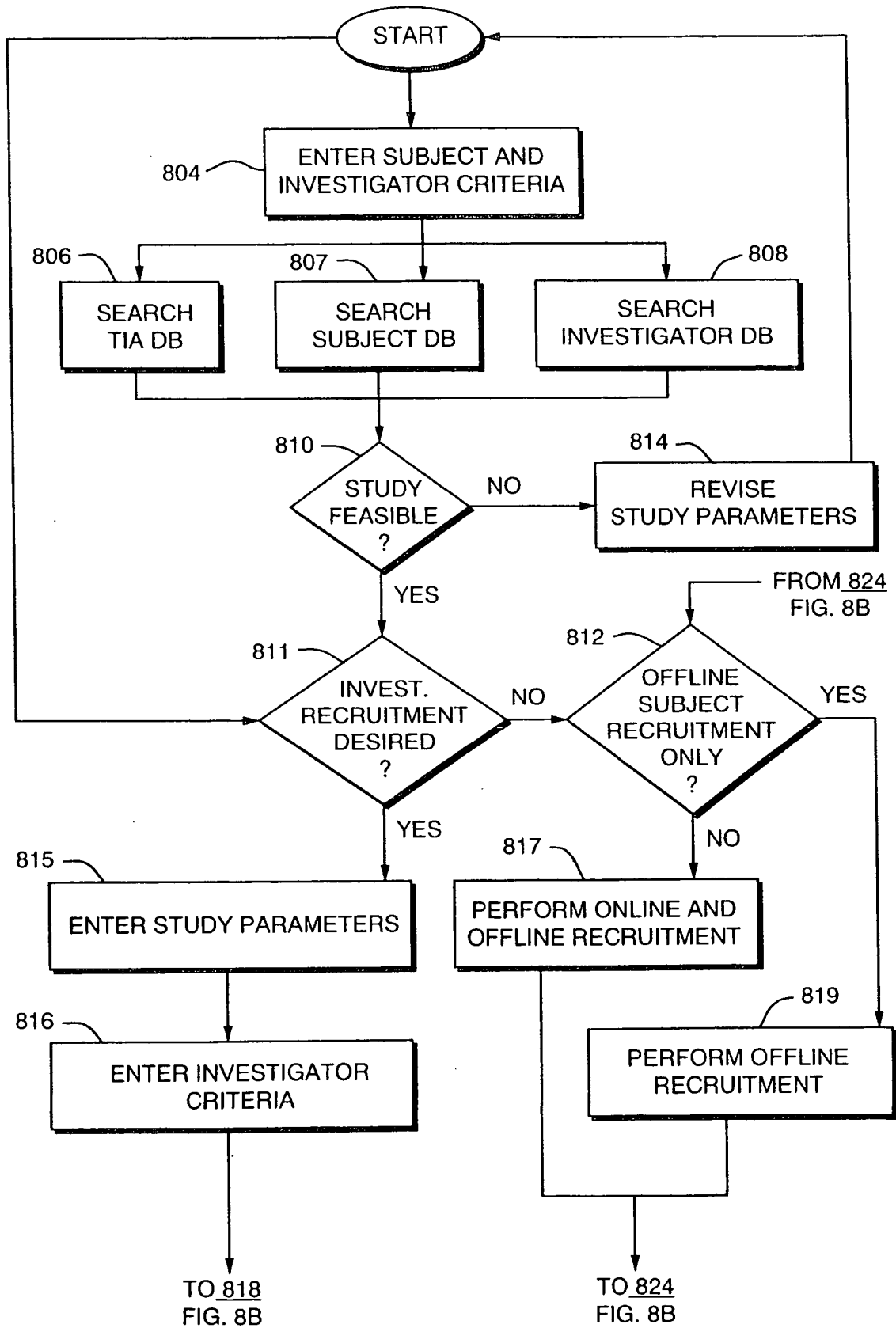


FIG. 8A



49/114

FROM 816  
FIG. 8A

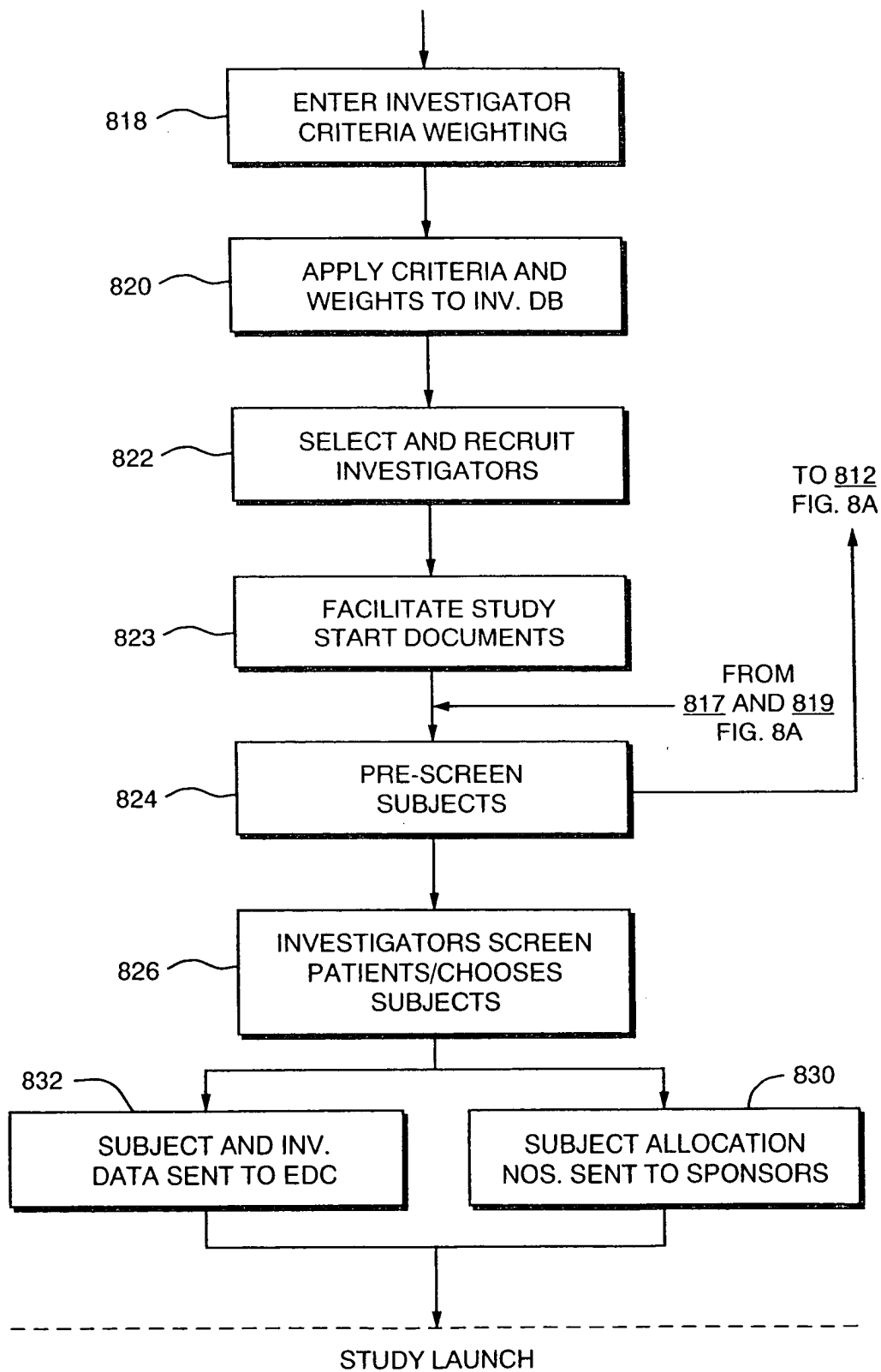


FIG. 8B

Welcome

log out

Register

Services

FAQ

[Home](#) / [Active Trials](#) / [Create Trial Parameters](#)

### Create Trial Parameters

To create an Active Trials files for a specific protocol please enter or select (from a drop down box) information to create trial parameters.

*All fields required*

Protocol Number

Protocol Title

Therapeutic Area

Disease Indication

Projected Number of Sites

Projected Number of Patients per Site

-Select a Therapeutic Area -

- Select an Indication -

FIG. 9A

Projected Trial Start Date	January	▼	2000	▼	(Month/Year)
Projected Trial Stop Date	January	▼	2000	▼	(Month/Year)
Projected Enrollment Period (in months)					
Trial Phase	- Select Trial Phase - ▼				
<input type="radio"/> Save Trial			<input type="radio"/> Save and Search for Investigators		

FIG. 9B

Step 1: To identify potential investigators - please select a specialty.

Note: To select more than one specialty, point to the specialty and press control click. Limit of 2 selections.

Addiction Psychiatry	Δ
Adolescent Medicine	
Aerospace Medicine	
Allergy & Immunology	▽

Step 2: To include the prescribing behavior data in the investigator search results class relevant to the therapeutic area and indication. (optional)

Note: To select more than one specialty, point to the specialty and press control click. Limit of 2 selections.

- No Drug Class -	Δ
Acne Therapy	
Aids Therapies	
All Other Misc. Ethical Drugs	▽

Step 3: To include the number of trials conducted by the investigator in the search, enter a number. (optional)

1	▽
---	---

FIG. 10A

Step 4:

To access additional databases to enhance the investigator selection process, enter selections below. (optional)

**Patient Therapeutic Area**

**Patient Disease Indication**

**Patient Disease Indication Encounter Category**

Note: To select more than one patient disease encounter category, point to the specialty and press control click. Limit of 2 selections.

- Select a Category -  
Case Load Estimates - Malignancy of hepatobiliary system of pancreas  
Inpatient Discharge Diagnosis - Malignant neoplasm of pancreas

**Patient Distance from Site (in miles)**

Step 5:

To limit search by geographical location - please enter your selections below.

**Municipal Area**

FIG. 10B

## Investigator Search Results

The following investigator search results reflect the investigator search criteria and the patient demographic data selected in the Investigator Search. Review selections by scrolling down this page or by clicking here: [Investigator Search Criteria Summary](#). Click a column heading to sort by that column.

Displaying 1-20 out of 682 results

## Search Results:

Name	Specialty	City, State	Years
Jones, J	Cardiovascular Disease	SEATTLE, WA	33
Haspiel, J	Cardiovascular Disease	LA JOLLA, CA	28
Turco, C	Cardiovascular Disease	SALT LAKE CI, UT	27
Schelker, J	Cardiovascular Disease	MILWAUKEE, WI	27
Tucker, J	Cardiovascular Disease	CINCINNATI, OH	25
Robinson, C	Cardiovascular Disease	MCMURRAY, PA	25
Michelson, L	Cardiovascular Disease	OKLAHOMA CIT, OK	24
Kleger, B	Cardiovascular Disease	PITTSBURGH, PA	22
Doe, J	Cardiovascular Disease	SARASOTA, FL	20
Smith, S	Cardiovascular Disease	HILLSBORO, OR	19
Greene, M	Cardiovascular Disease	FOX POINT, WI	19
Watson, T	Cardiovascular Disease	FORT WAYNE, IN	17
Nicholas, J	Cardiovascular Disease	BALTIMORE, MD	16
Hamilton, P	Cardiovascular Disease	DURHAM, NC	16
Tang, H	Cardiovascular Disease	REDONDO BEAC, CA	15
Wilcox, J	Cardiovascular Disease	PEORIA, IL	13
Singer, j	Cardiovascular Disease	SANTA ROSA, CA	13
Restrepo, A	Cardiovascular Disease	CHARLESTON, SC	13
Grossman, D	Cardiovascular Disease	BUFFALO, NY	12
	Cardiovascular Disease	SELLERSVILLE, PA	12

TABLE 11A

Patient Demographic Information		Prescribing Decile	Select	Subjects
18-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	10
4-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	20
5-Average Length of Stay - Angin...		9-Anticoagul...	<input type="checkbox"/>	30
9-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	10
36-Average Length of Stay - Angin...		10-Anticoagul...	<input type="checkbox"/>	20
6-Average Length of Stay - Angin...		6-Anticoagul...	<input type="checkbox"/>	10
10-Average Length of Stay - Angin...		3-Anticoagul...	<input type="checkbox"/>	15
27-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	12
7-Average Length of Stay - Angin...		7-Anticoagul...	<input type="checkbox"/>	9
2-Average Length of Stay - Angin...		3-Anticoagul...	<input type="checkbox"/>	4
4-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	12
2-Average Length of Stay - Angin...		9-Anticoagul...	<input type="checkbox"/>	16
27-Average Length of Stay - Angin...		6-Anticoagul...	<input type="checkbox"/>	11
6-Average Length of Stay - Angin...		3-Anticoagul...	<input type="checkbox"/>	22
10-Average Length of Stay - Angin...		6-Anticoagul...	<input type="checkbox"/>	31
13-Average Length of Stay - Angin...		5-Anticoagul...	<input type="checkbox"/>	4
4-Average Length of Stay - Angin...		6-Anticoagul...	<input type="checkbox"/>	1
5-Average Length of Stay - Angin...		1-Anticoagul...	<input type="checkbox"/>	0
4-Average Length of Stay - Angin...		5-Anticoagul...	<input type="checkbox"/>	6
3-Average Length of Stay - Angin...		10-Anticoagul...	<input type="checkbox"/>	1

FROM  
FIG. 11A

FIG. 11B

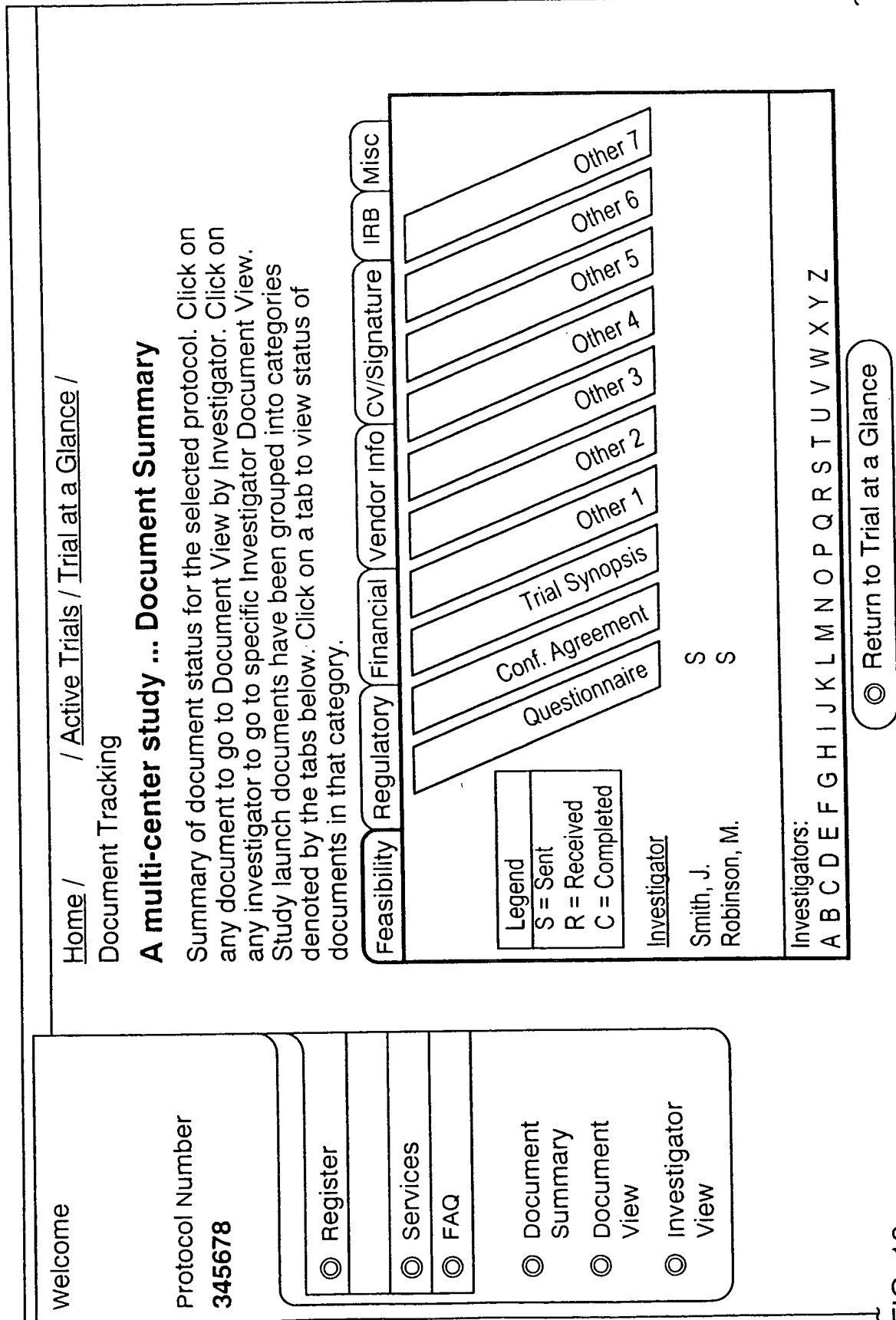
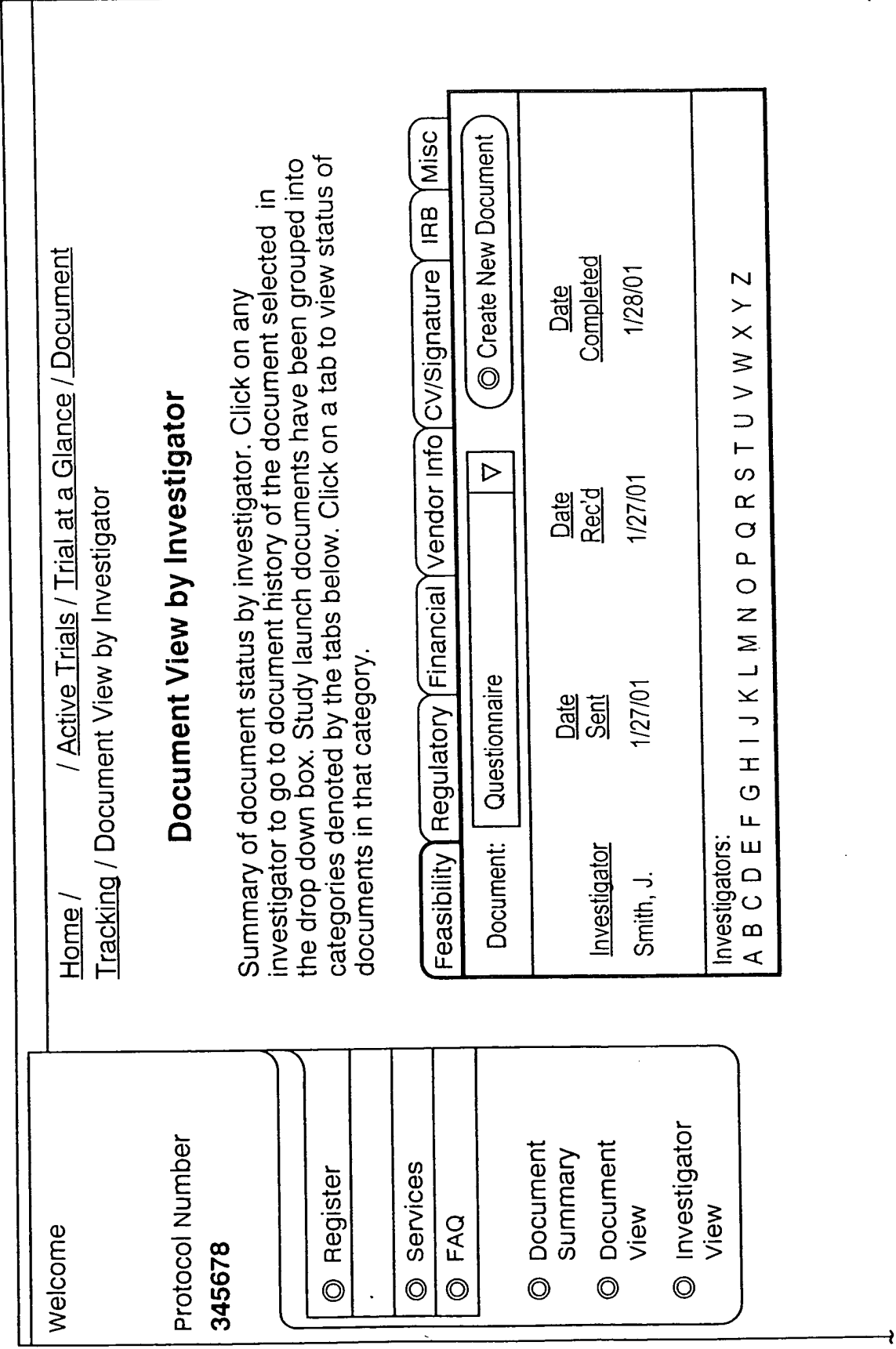


FIG. 12





From: Service Provider      Sent: June 6, 2000  
 To: Ms. Moore  
 Subject: Clinical Trial Opportunity

Dear Ms. Moore:

You may qualify for an upcoming clinical trial opportunity. For additional information go to [http://www.website.com/study/zz-234567-22\\*](http://www.website.com/study/zz-234567-22*) and complete the study specific questionnaire.

Contact [service.com](http://www.service.com) with any questions or comments you may have.

Sincerely,

Service Provider

If you have received this message in error or no longer would like to be considered or contacted about clinical trials please go to <http://www.service.com/remove>

FIG. 14

# Questionnaire - Alzheimer's

In order to evaluate whether you may be eligible for this study, we will need to review some of your medical history. Are you legally able to provide us with this information for the potential study participant ?

Yes, I am the potential study participant.

Yes, I am a caregiver for the potential study participant with the ability to provide the potential participant's information for the purpose of seeking enrollment in clinical studies.

No, I am not legally able to provide this information.

In answering the following questions, "you" or "your" refers at all times to the potential study participant.

Please provide your gender.

☐ Male

☐ Female

How did you hear about this study ?

☐ Internet

☐ Newspaper Ad

☐ Newspaper Article

☐ Radio Ad

☐ Radio Public Service Announcement

☐ TV Ad

☐ TV program

☐ Physician

☐ Friend

☐ Support Group

☐ Patient Ed Materials

☐ Cardiology Newsletter

☐ Other, please specify: \_\_\_\_\_

The purpose of this medical research study is to evaluate the effect of an investigational drug on the ability to reason, remember, imagine, and learn in humans who have already been diagnosed with mild to moderate probable Alzheimer's Disease. You must live with a caregiver or receive daily visits from a responsible caregiver. The caregiver must be familiar with your recent medical history and be willing to come to 7 doctor visits for a period of 6 months.

After these questions are answered we may be able to refer you to a research site for further screening. After the site reviews your responses to the screening questions, a nurse or other person at the research facility will be calling you. At that time, it will be determined if a first visit should be scheduled to determine whether this study is appropriate for you.

Have you been diagnosed with Alzheimer's disease ?

- ☐ Yes
- ☐ No

Have you experienced a deterioration in memory over at least the last 6 months ?

- ☐ Yes
- ☐ No

Click the box next to the following if you have experienced a decline in any of the following in at least the last 6 months:

- ☐ orientation
- ☐ judgement
- ☐ problem solving
- ☐ functioning in community affairs
- ☐ functioning in home or hobbies
- ☐ functioning in personal care

Do you live in a residential home ?

- ☐ Yes  
☐ No

Click the box next to the person who will serve in the role of Caregiver:

- ☐ I am the Caregiver  
☐ Friend  
☐ Relative  
☐ Paid personnel  
☐ No Caregiver

1. Please enter your date of birth:

Day      Month      Year (pull-down boxes)

- ☐ If female, continue with question 2  
☐ If male, continue with question 6

2. Are you/Is (Patient) surgically sterile or post-menopausal for 1 year or more ?

- ☐ Yes - continue with question #6  
☐ No - continue with question #3

3. Do you/Does (Patient) have any other neurological conditions such as:

- ☐ Parkinson's disease  
☐ Pick's disease  
☐ Huntingtons chorea  
☐ Down's syndrome  
☐ Creutzfeldt-Jacob disease  
☐ Other \_\_\_\_\_

4. Do you now or did you at any time, have one or more of the following conditions resulting in your memory or *cognitive* impairment:

- ☐ Major head injury
- ☐ Injury caused by trauma such as boxing
- ☐ Vitamin deficiency
  - ☐ Type (drop down menu)
- ☐ Brain abscess
- ☐ Syphilis
- ☐ Meningitis
- ☐ AIDS
- ☐ Brain cancer
- ☐ Thyroid, parathyroid, or pituitary disease
- ☐ Cushing's syndrome
- ☐ Kidney failure
- ☐ Uncontrolled diabetes
- ☐ Mental retardation

5. Do you have a history of any of the following:

- ☐ Stroke within the past 12 months
- ☐ Epilepsy or convulsions (Childhood convulsions caused by fever continue)
- ☐ Major depression
- ☐ Stomach ulcer that is currently being treated
- ☐ Liver, kidney, or lung disease
- ☐ Kidney stones

6. Have you had a heart attack or coronary artery bypass graft surgery within the past 6 months ?

- ☐ No
- ☐ Yes

7. Do you experience angina (chest pain) that required a change in medication in the past 3 months ?  
☐ Yes  
☐ No
8. Has a doctor told you that you have a heart rate that is slow or less than 50 beats per minute ?  
☐ Yes  
☐ No
9. Do you take medication for high blood pressure or chronic low blood pressure ?  
☐ Yes  
☐ Medication(s) taken: (drop down menu)  
☐ No  
☐ Don't know
10. Do you take any medications for the purpose of treating memory loss such as dementia ?  
☐ Yes  
☐ No
11. Are you allergic to any medications ?  
☐ Yes  
☐ Which Medication(s) (drop down menu)  
☐ No

12. Are you taking any other medications including vitamins or herbal supplements such as Ginkgo Biloba ?

- ☐ Yes  
☐ Which Medication(s) (drop down menu)  
☐ No

13. Have you ever been enrolled in a research study for galantamine ?

- ☐ Yes  
☐ No  
☐ Don't know

14. Have you taken an investigational drug in the past 30 days or are you taking one now ?

- ☐ No, I have not taken an investigational drug in the past 30 days  
☐ Yes, I have taken an investigational drug in the past 30 days  
☐ Yes, I am taking an investigational drug now

15. How many drinks do you consume in a typical 24-hour period ?

- ☐ 1-2 drinks  
☐ 3-5 drinks  
☐ 6-8 drinks  
☐ more than 8 drinks

16. Have you/patient had a CT scan or MRI of the head during the last 12 months ?

- ☐ Yes  
☐ No



Questionnaire - Alzheimer's

SCREEN #2: PATIENT NOT ELIGIBLE FOR STUDY

We appreciate your interest in this study. Unfortunately, from the information you have provided, you are not a candidate for participation in this study. May we have your permission to contact you in the future with information about this or other studies ?

- ☐ Yes, contact me.
- ☐ No, I do not want to be contacted.

FIG. 15G

### Questionnaire - Alzheimer's

#### SCREEN #3: PATIENT POTENTIALLY ELIGIBLE FOR STUDY:

Based on your responses, you may be eligible for the clinical study. We will forward this information to the research site you selected. The research site will contact you shortly to ask you further questions about your health, and possibly to schedule an appointment for the first visit. In the meantime, we will send you a Welcome Kit that contains information about the study. If the site does not contact you within 5-7 business days, please feel free to call the number that will be included in your mailed materials.

In the event that you do not participate in this particular study, may we have your permission to contact you in the future about other studies ?

- ☐ Yes, contact me  
☐ No, I do not want to be contacted

FIG. 15H

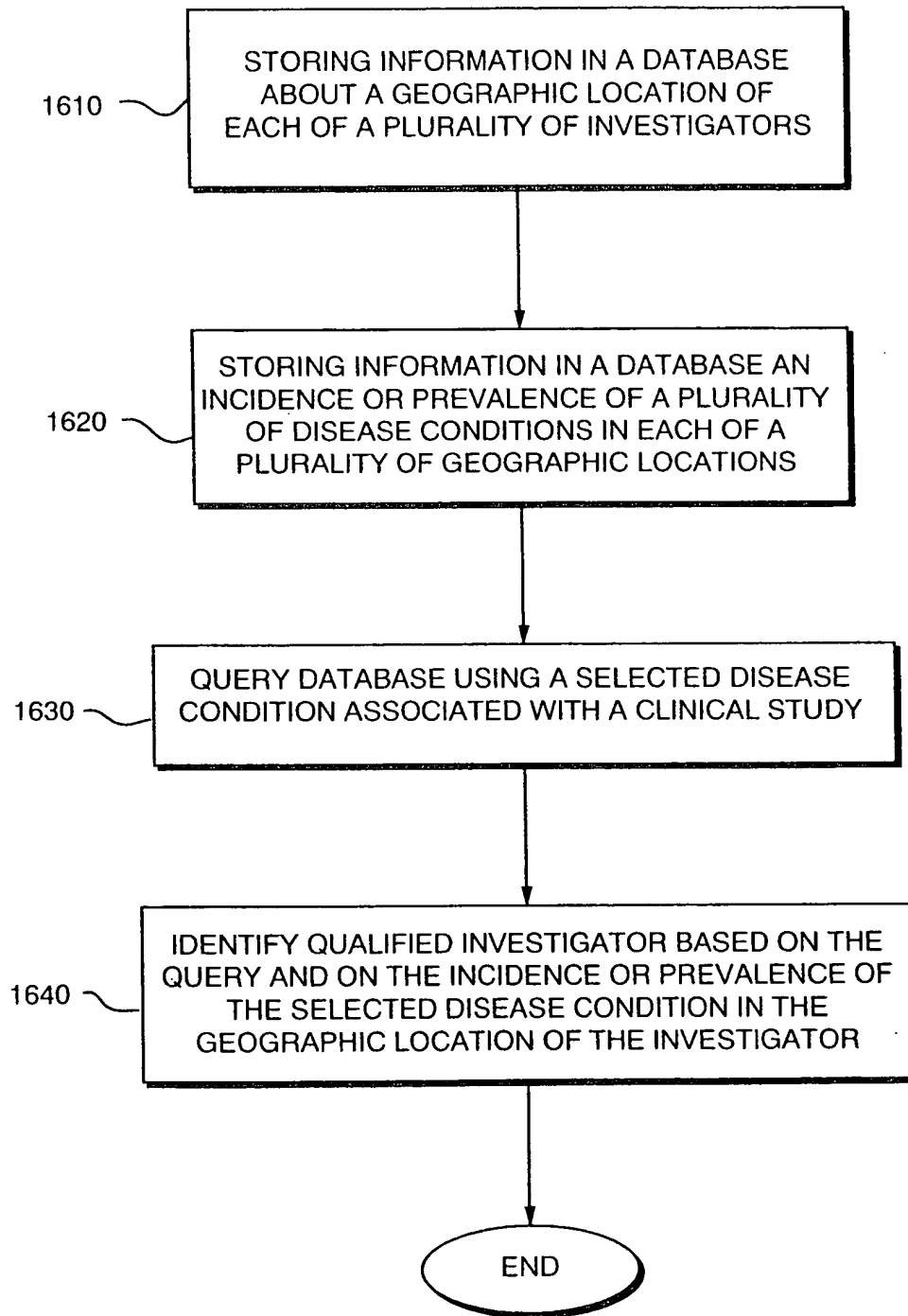


FIG. 16

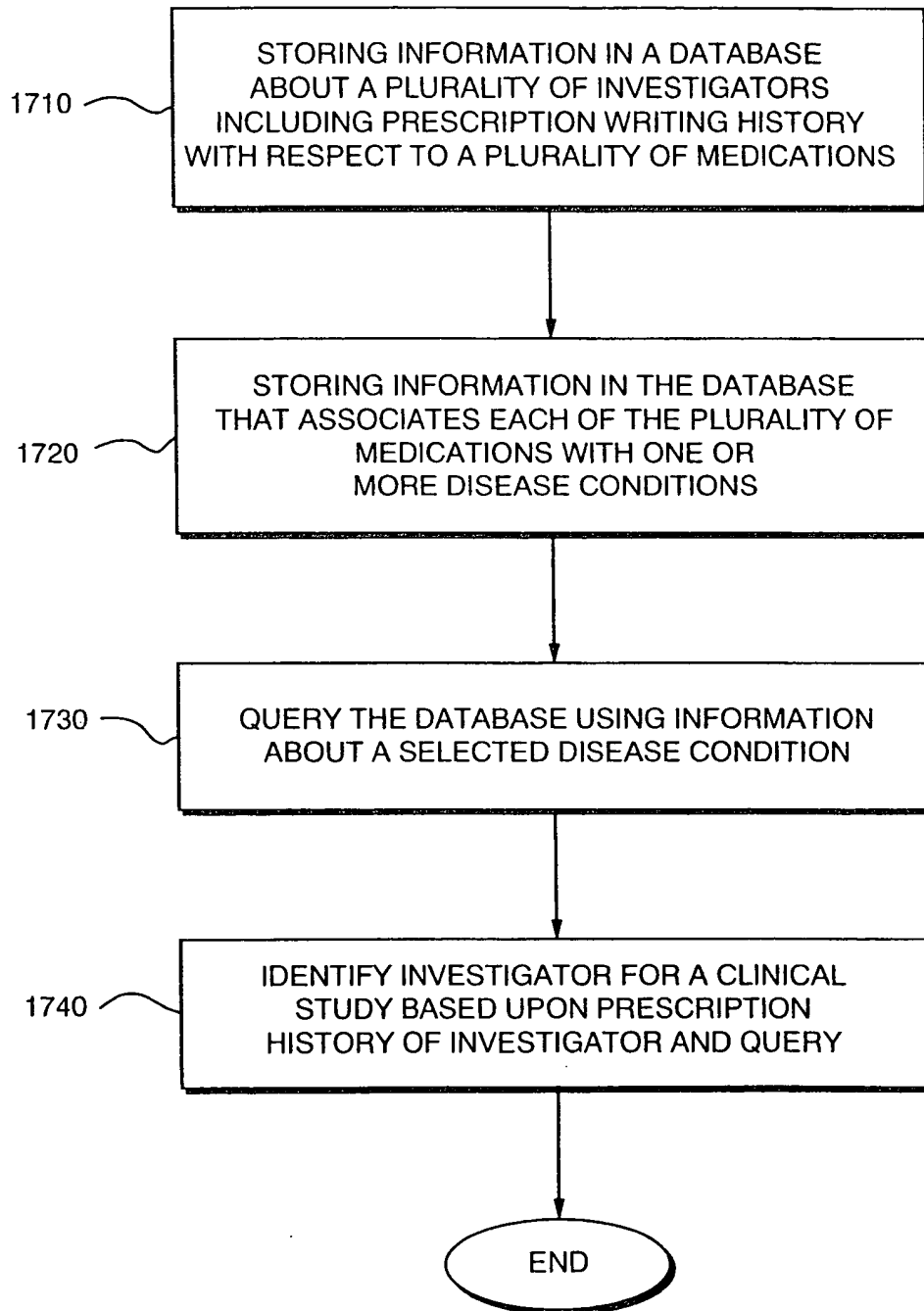


FIG. 17

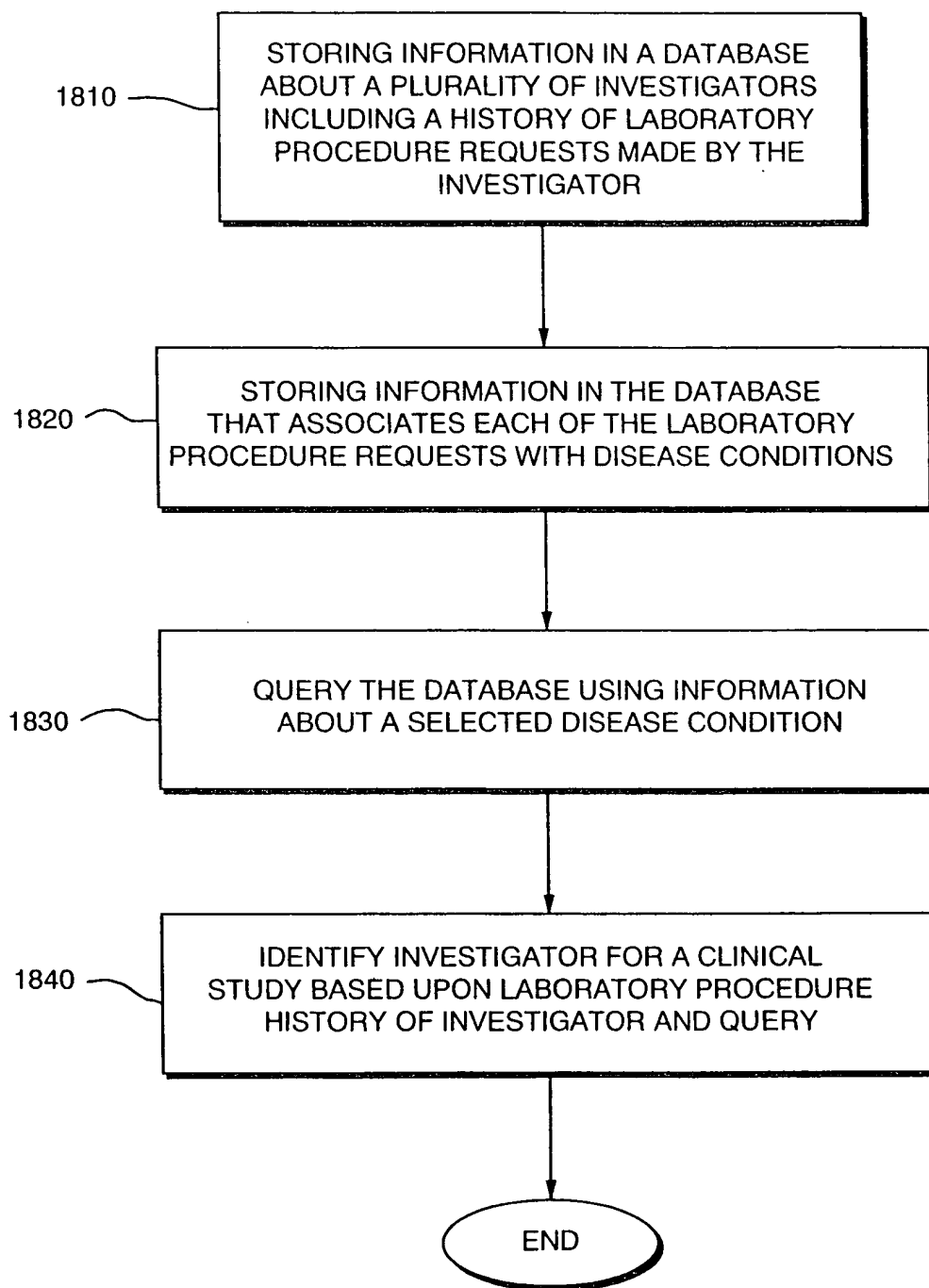


FIG. 18

70/114

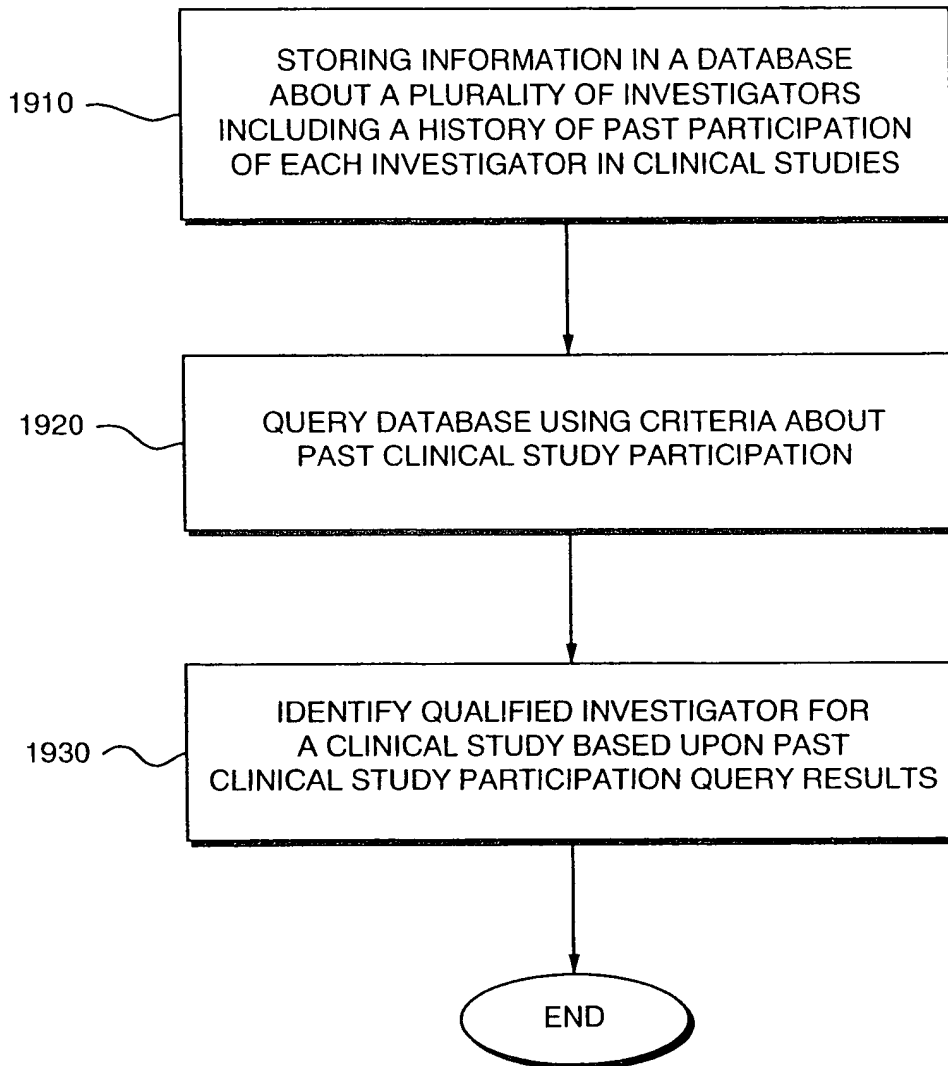


FIG. 19

71/114

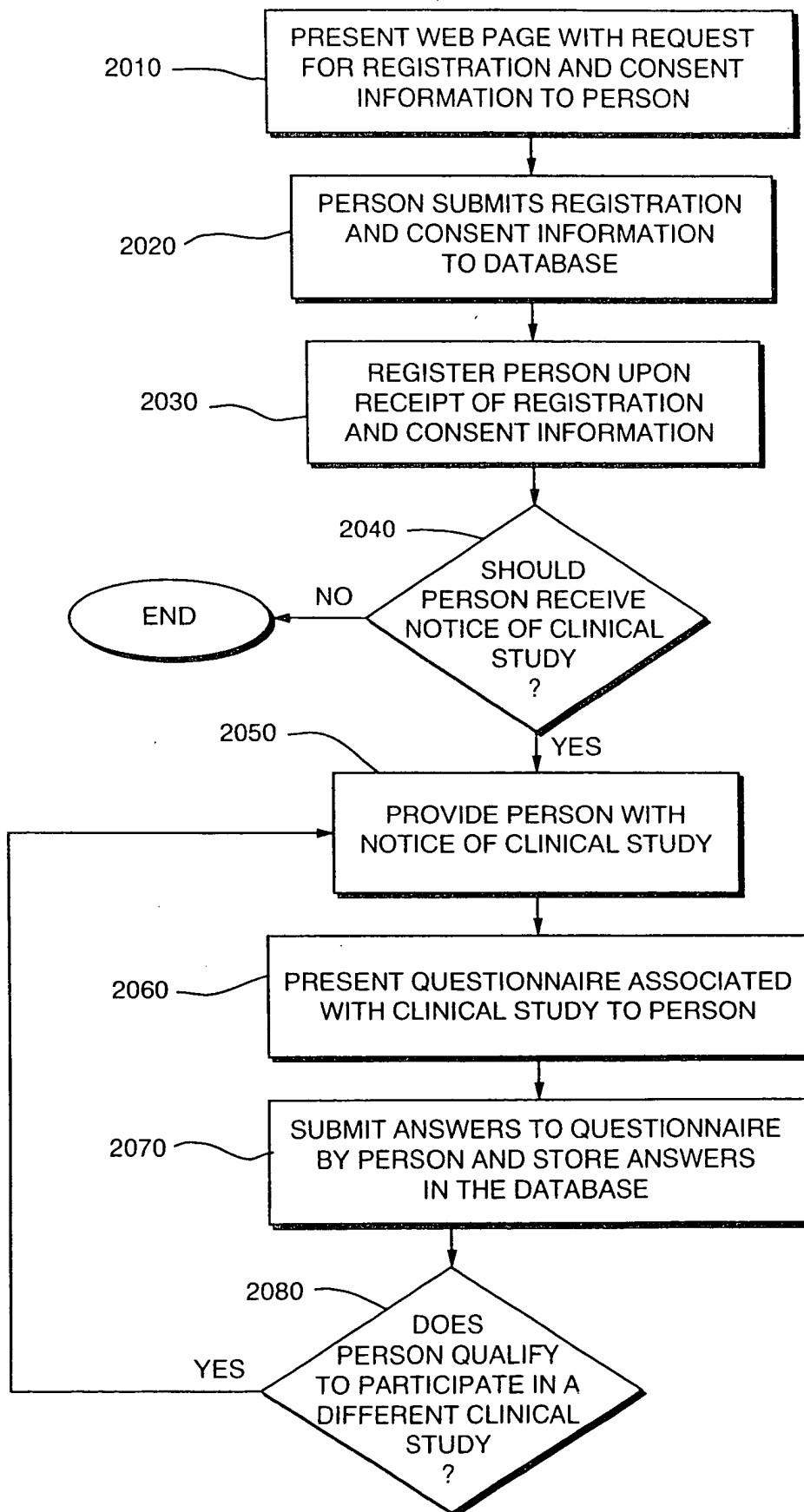


FIG. 20

72/114

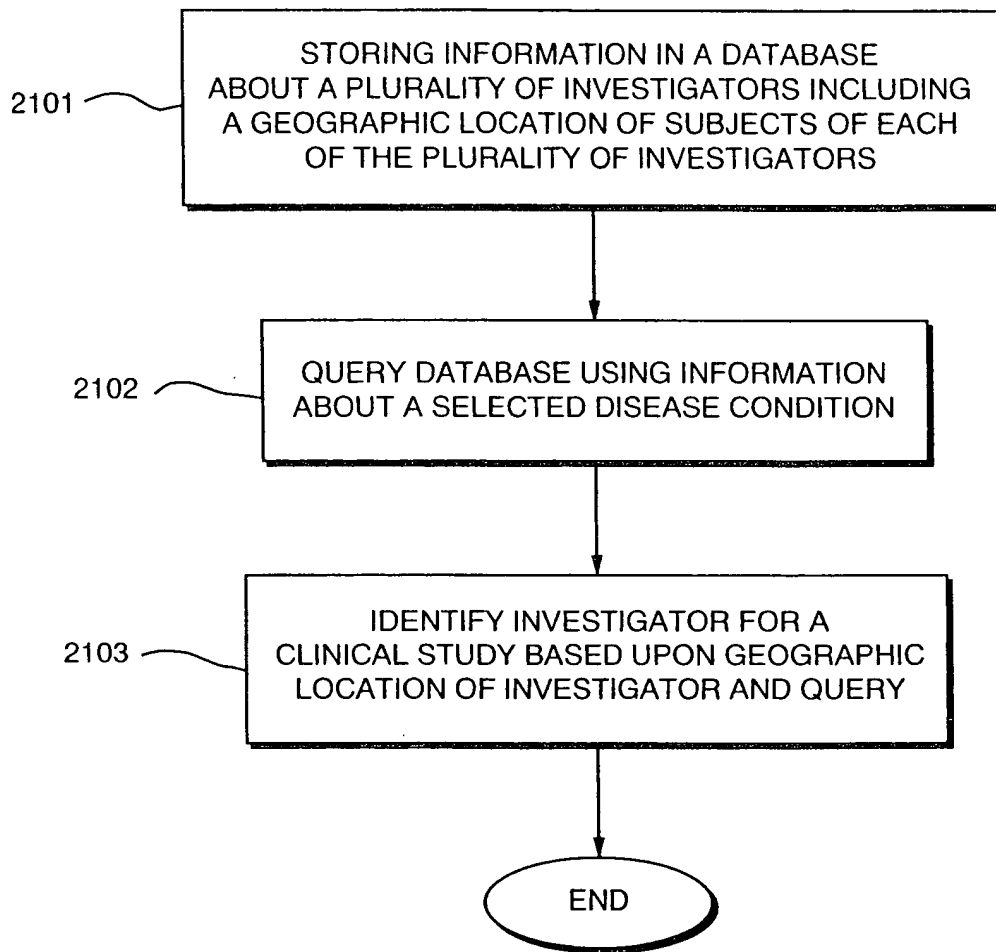


FIG. 21A



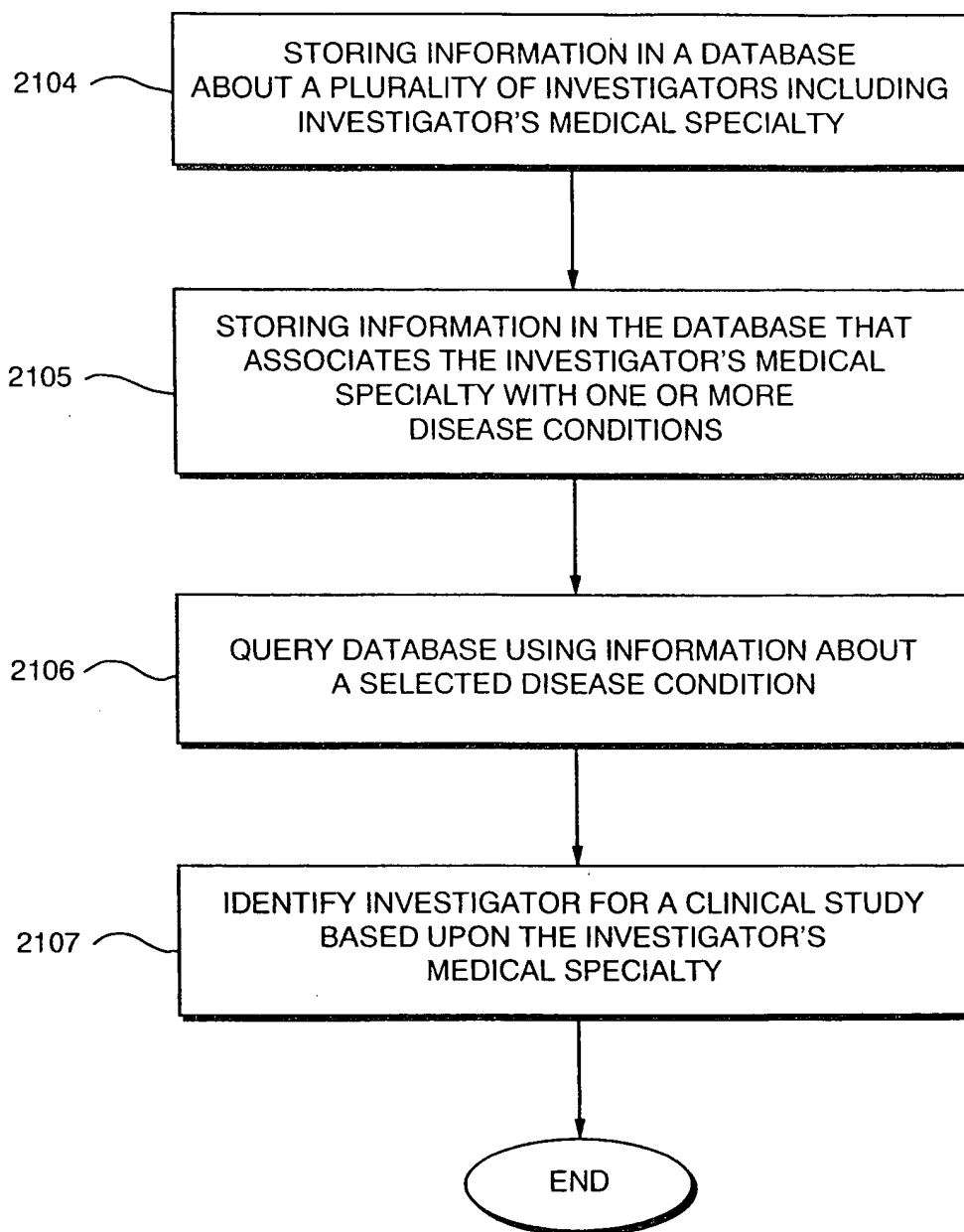


FIG. 21B

74/114

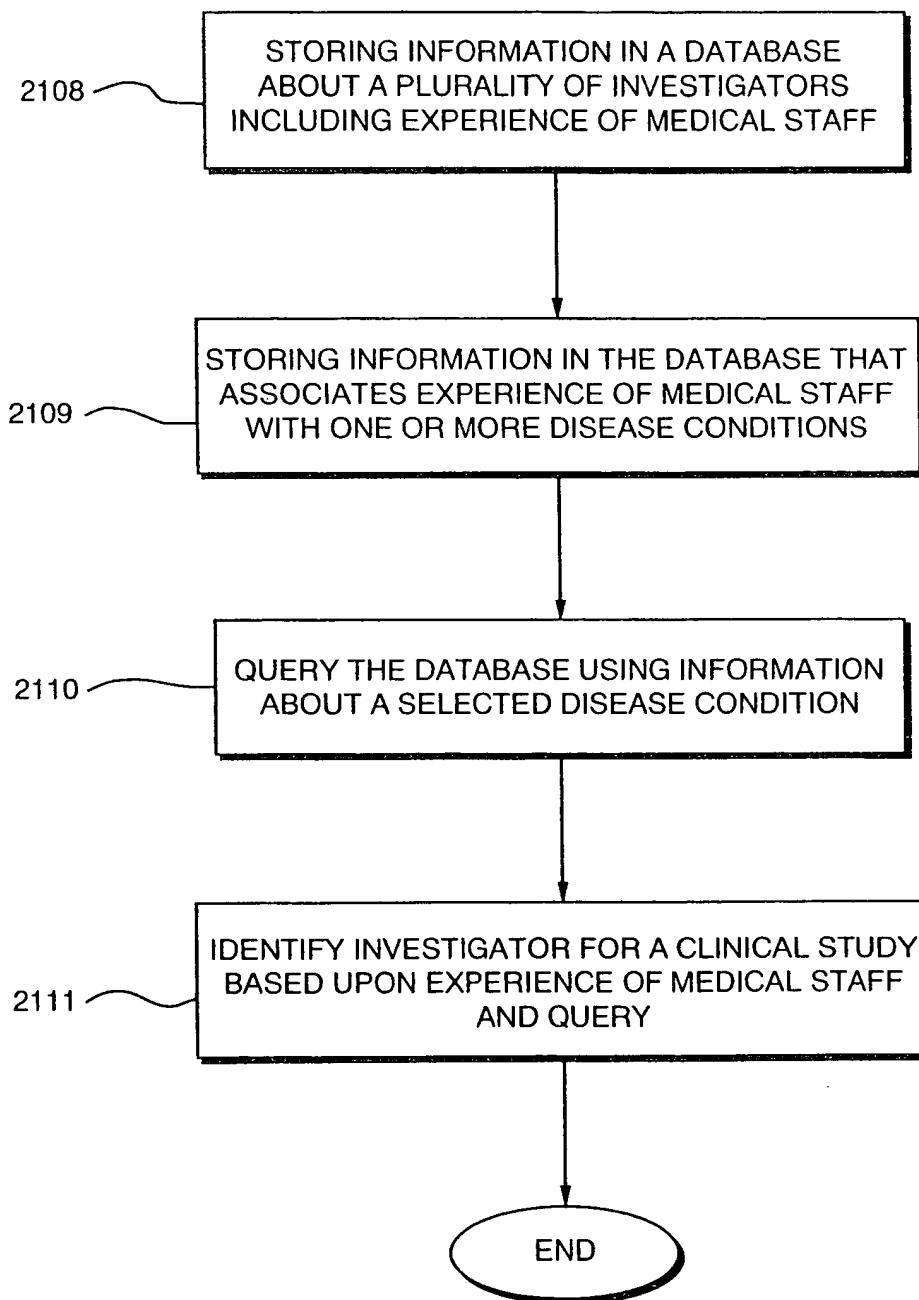


FIG. 21C

75/114

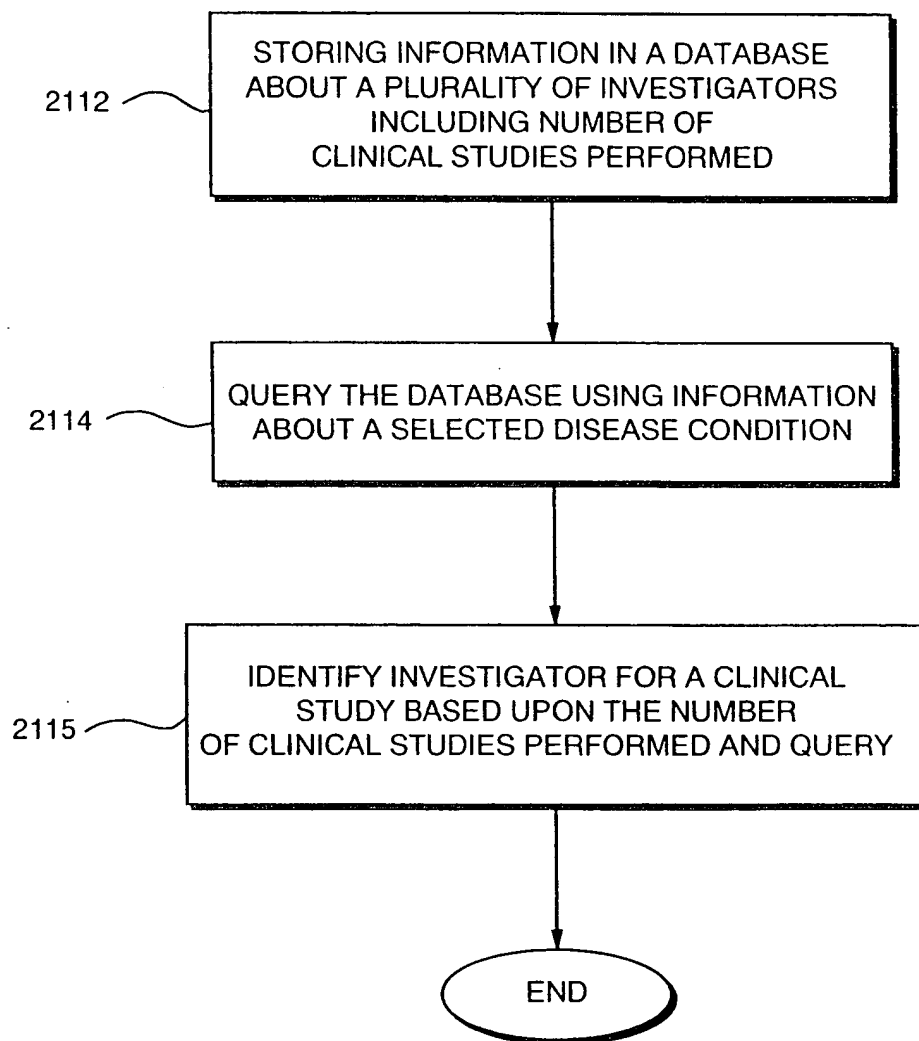


FIG. 21D

76/114

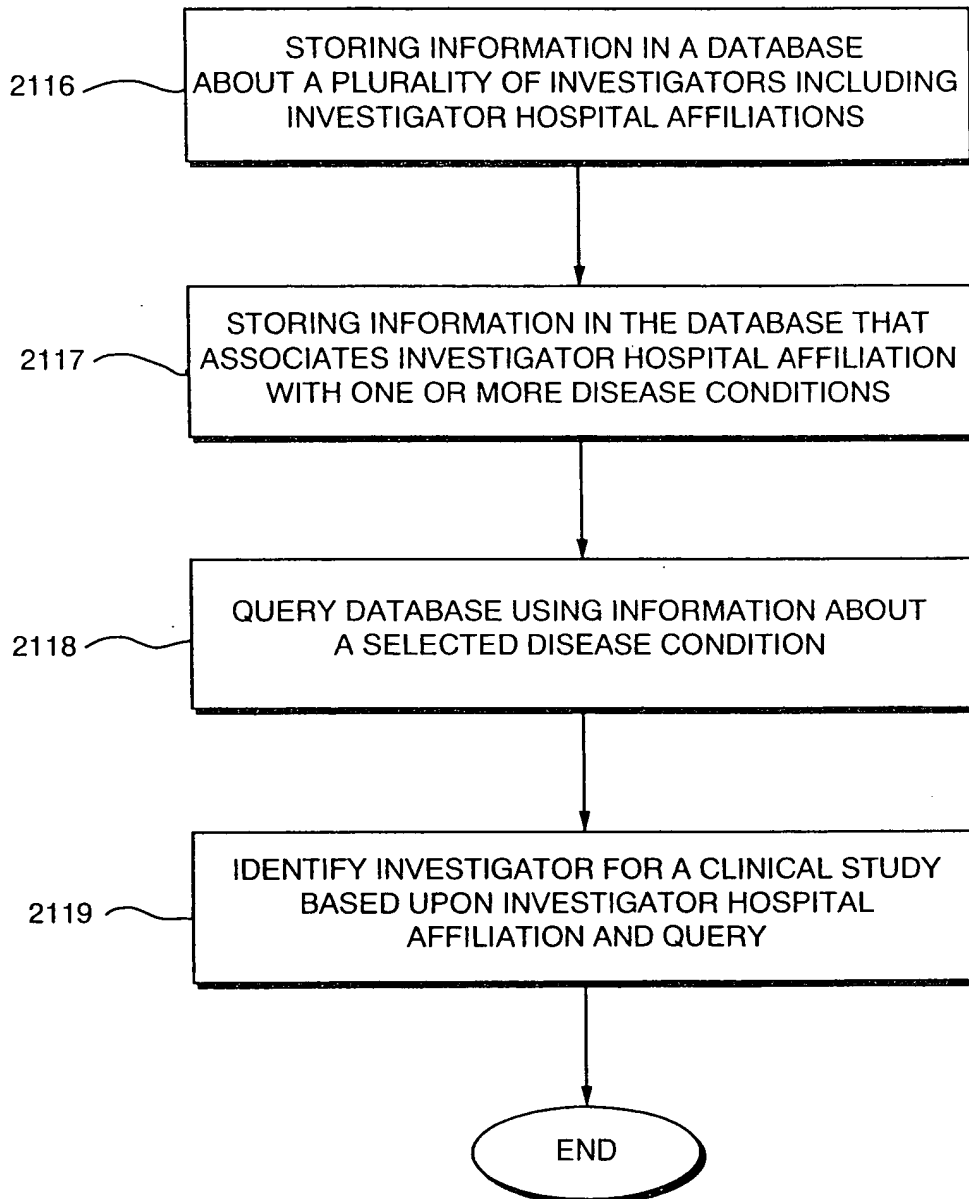


FIG. 21E

77/114

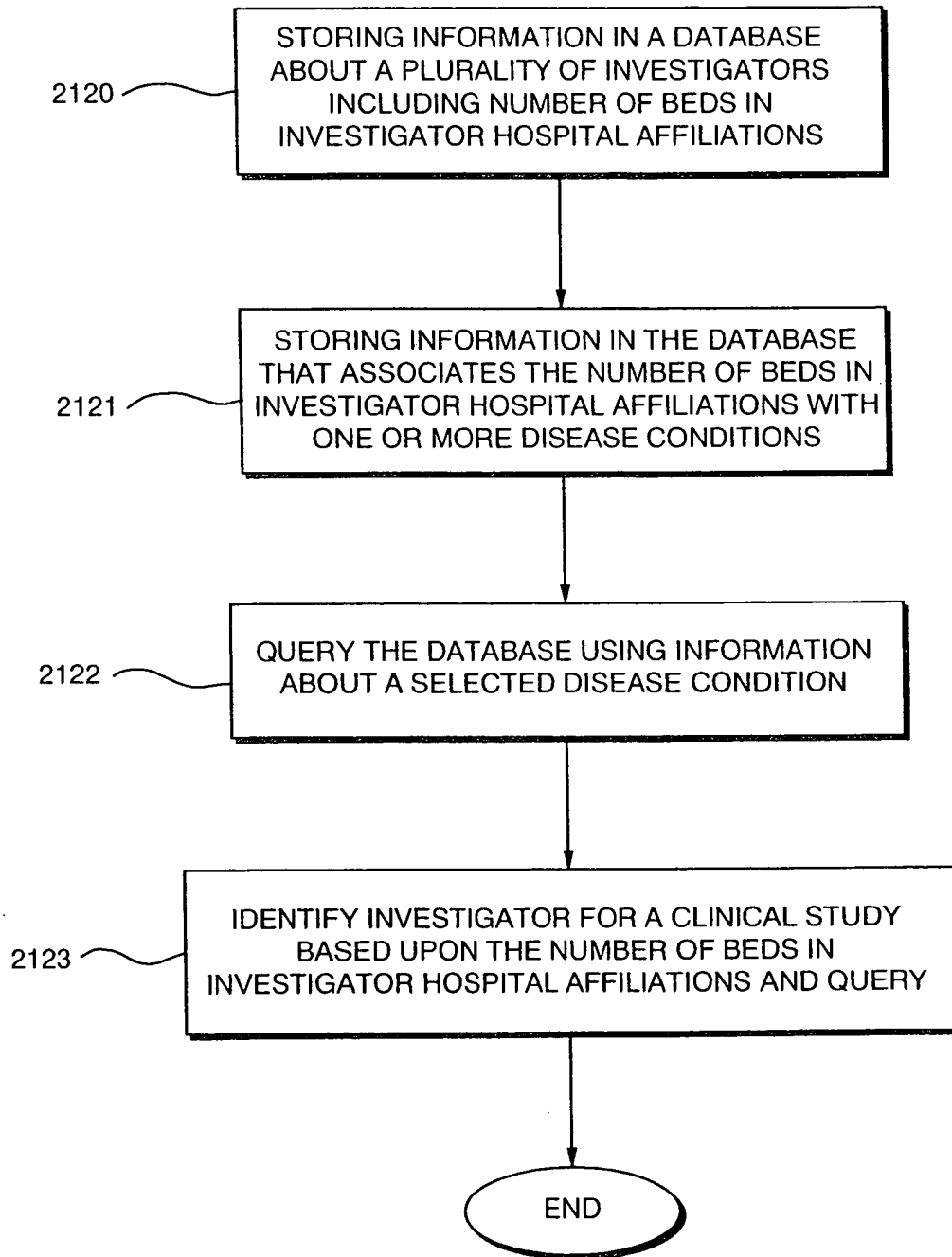


FIG. 21F

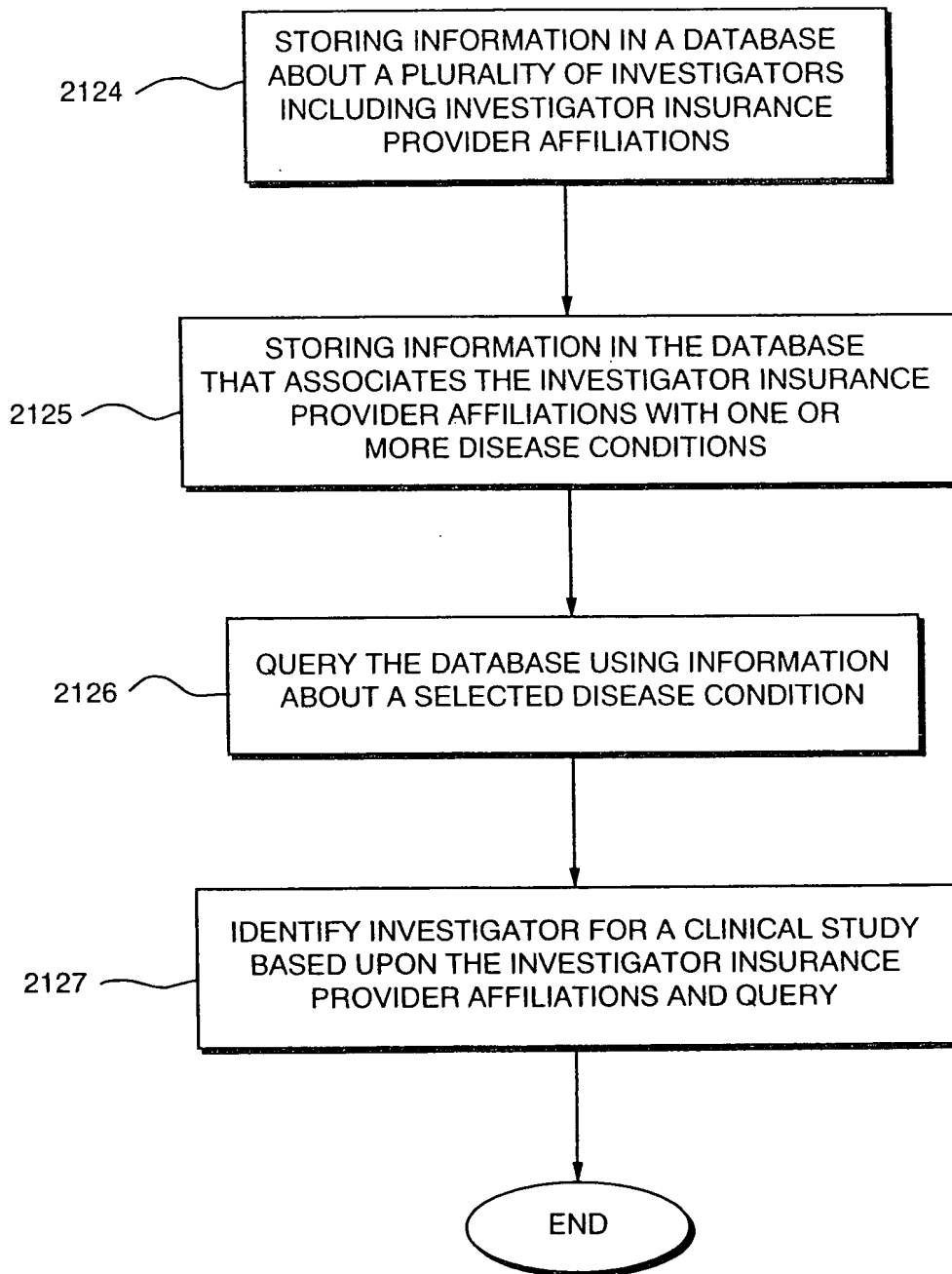


FIG. 21G

79/114

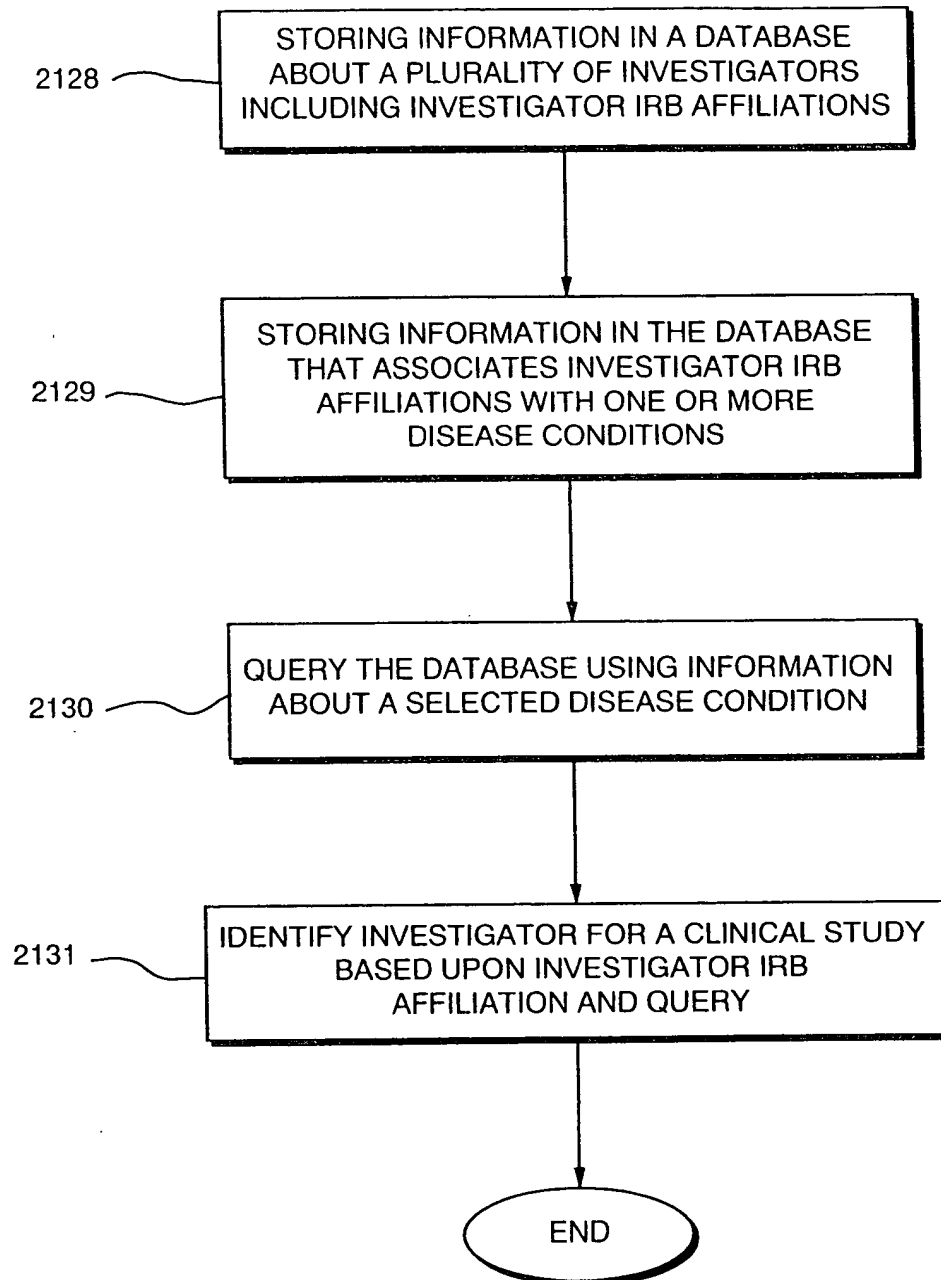


FIG. 21H

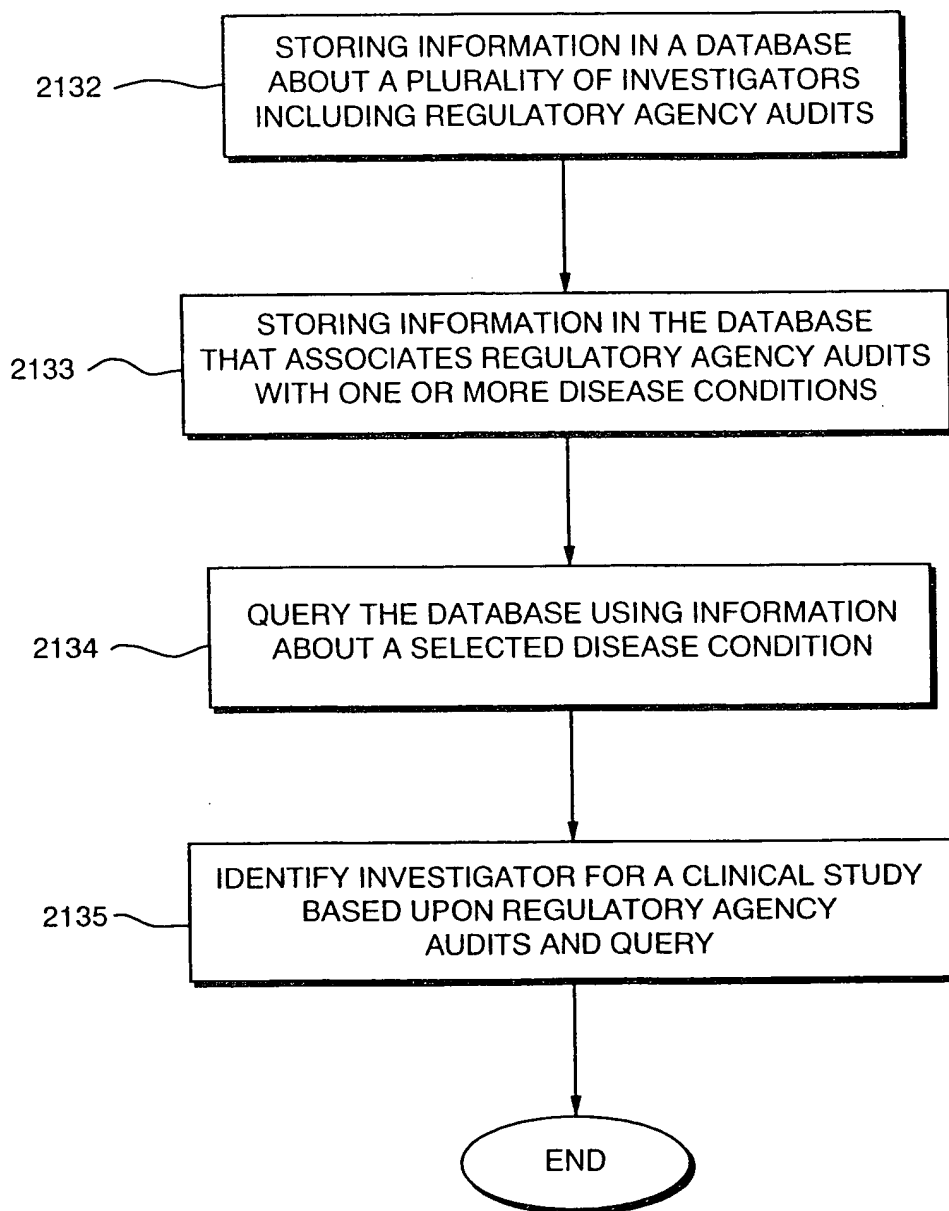


FIG. 21I



81/114

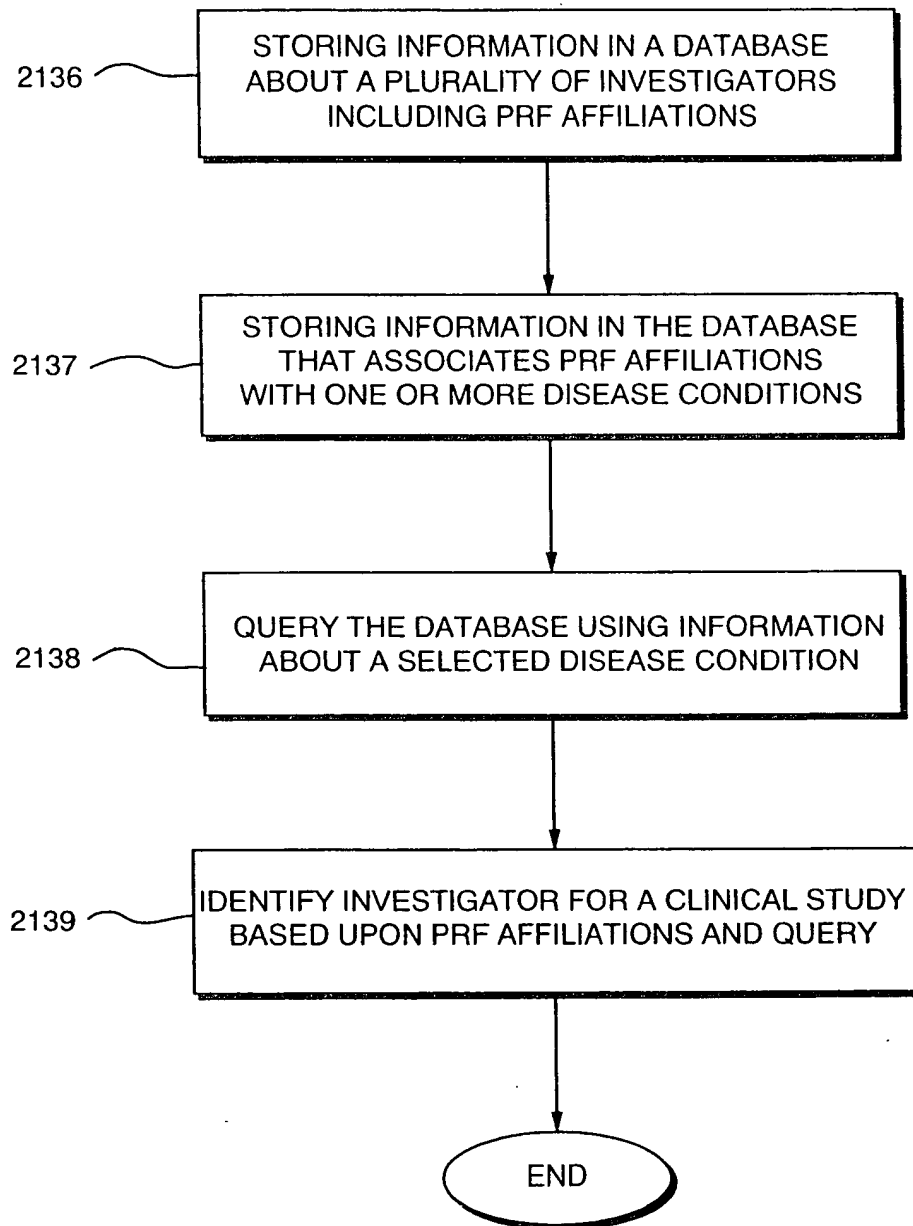


FIG. 21J

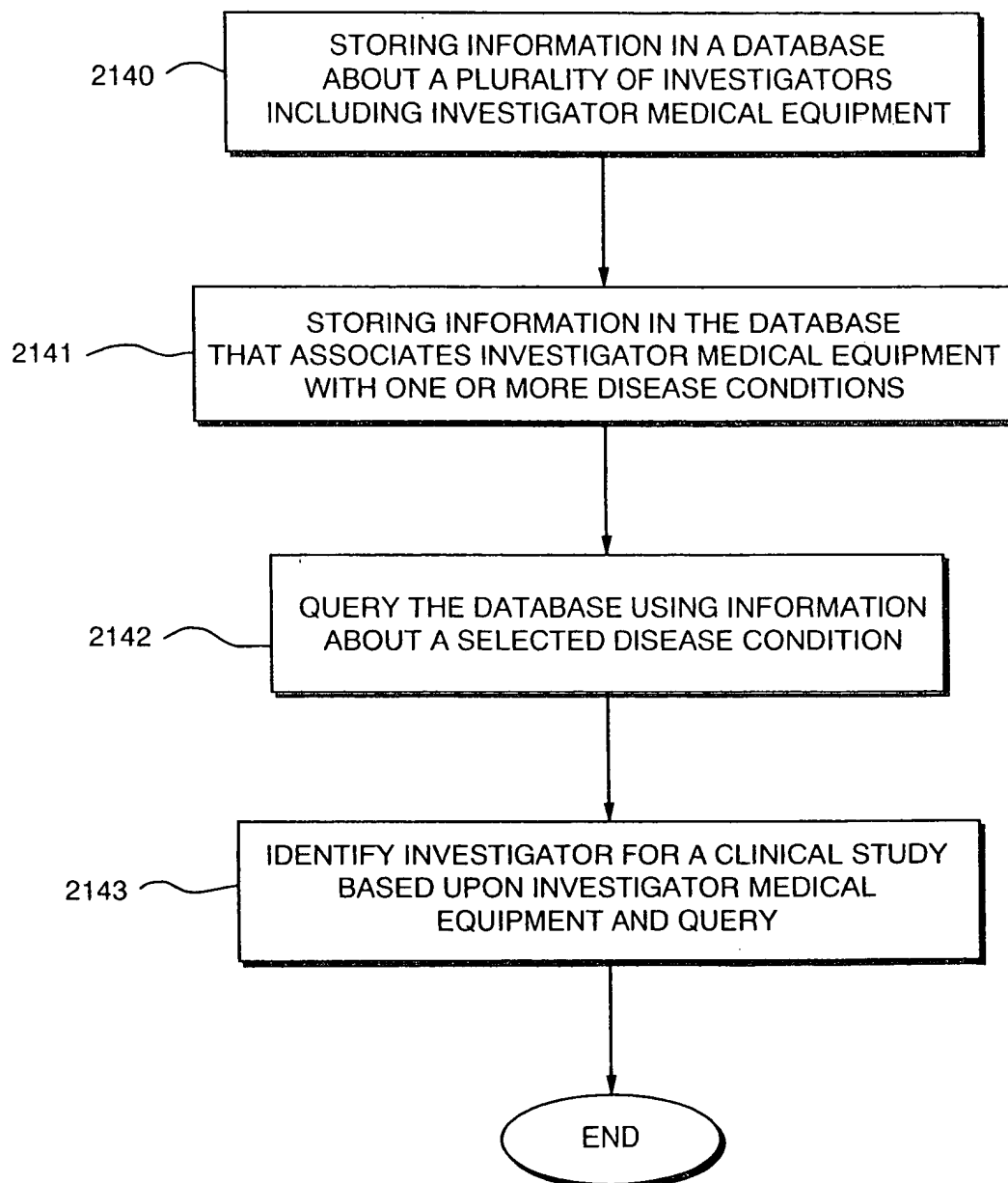


FIG. 21K

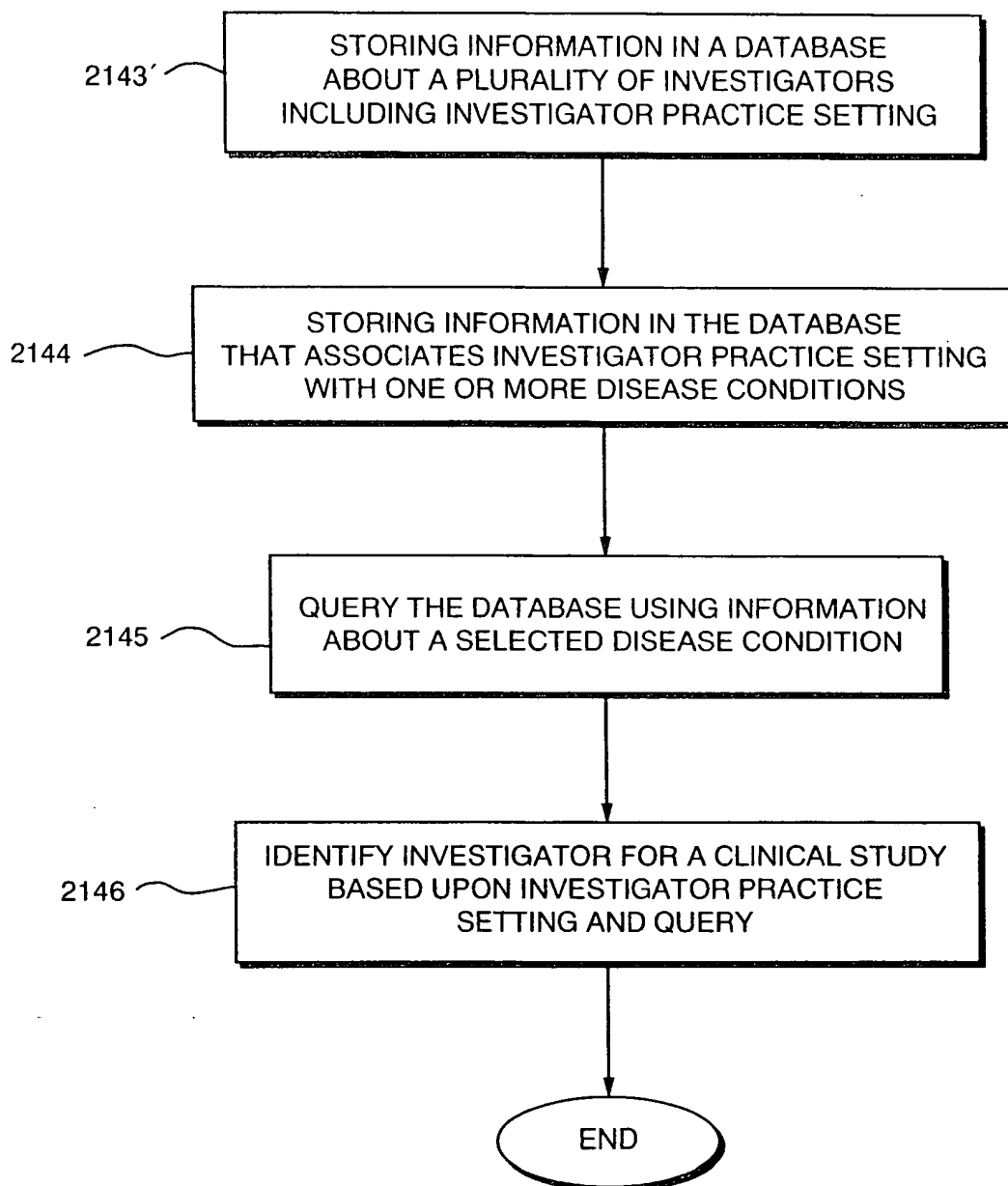


FIG. 21L

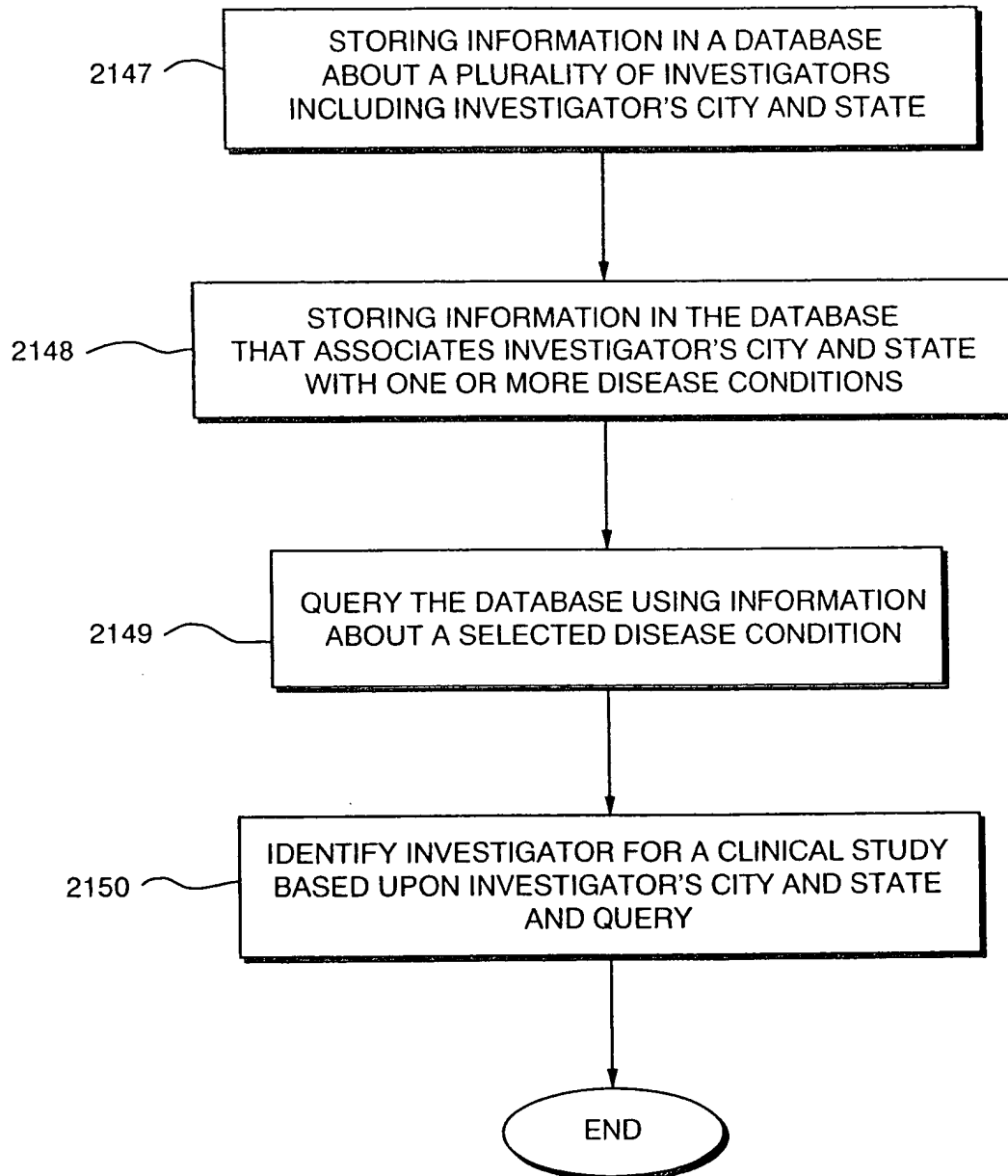


FIG. 21M

85/114

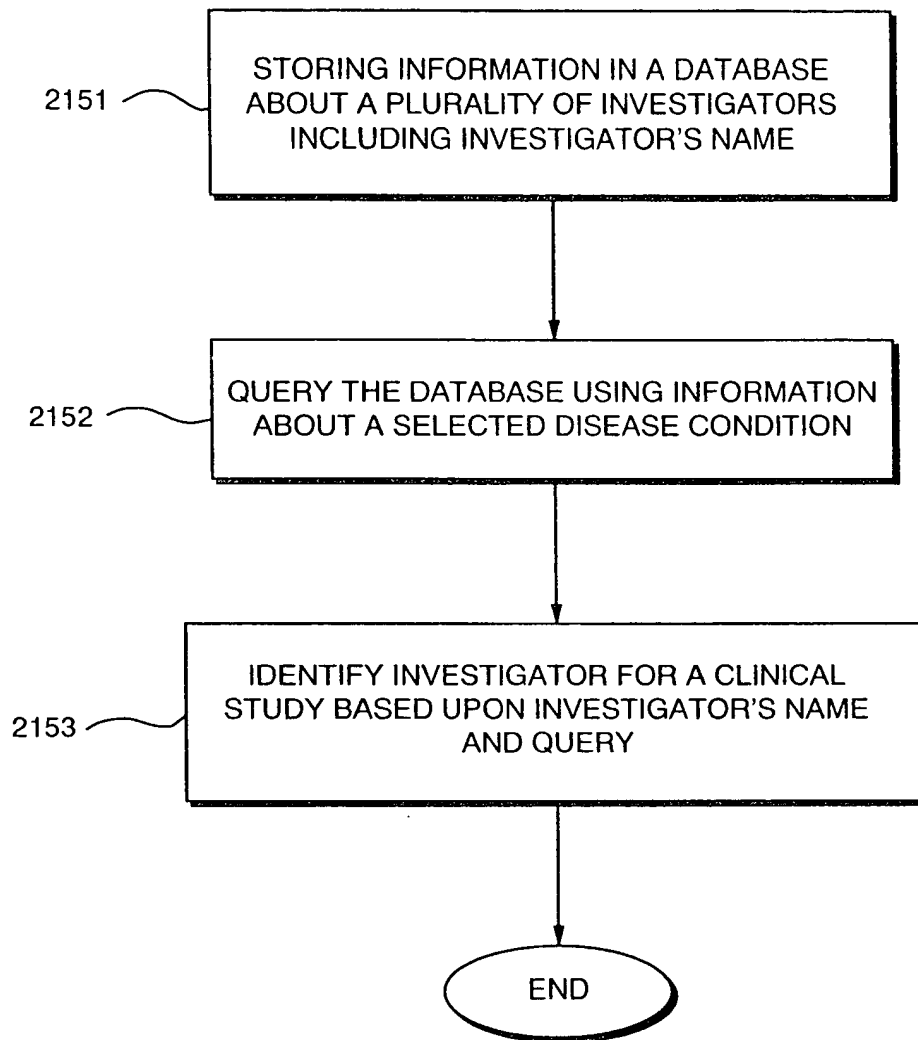


FIG. 21N

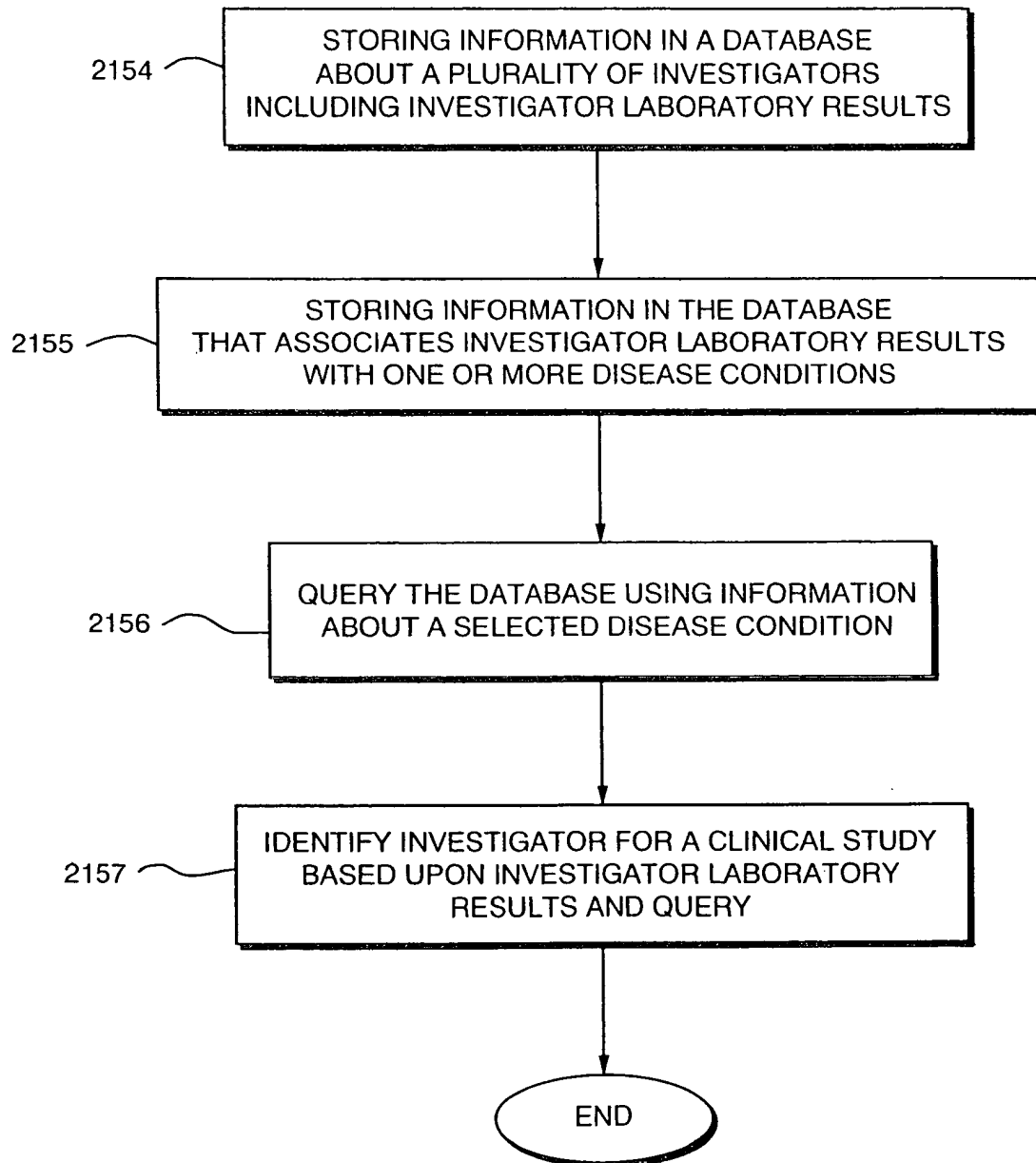


FIG. 210

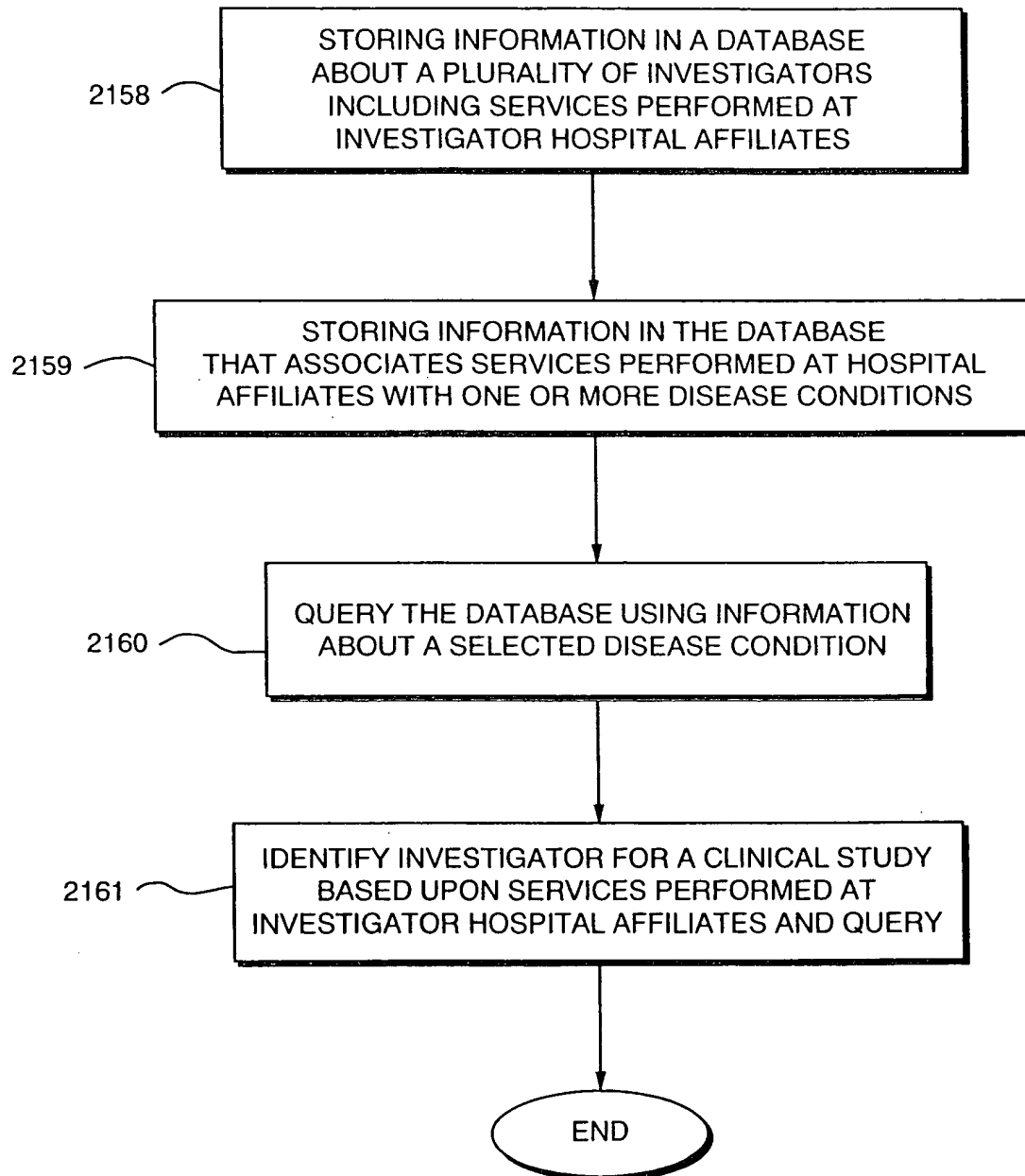


FIG. 21P

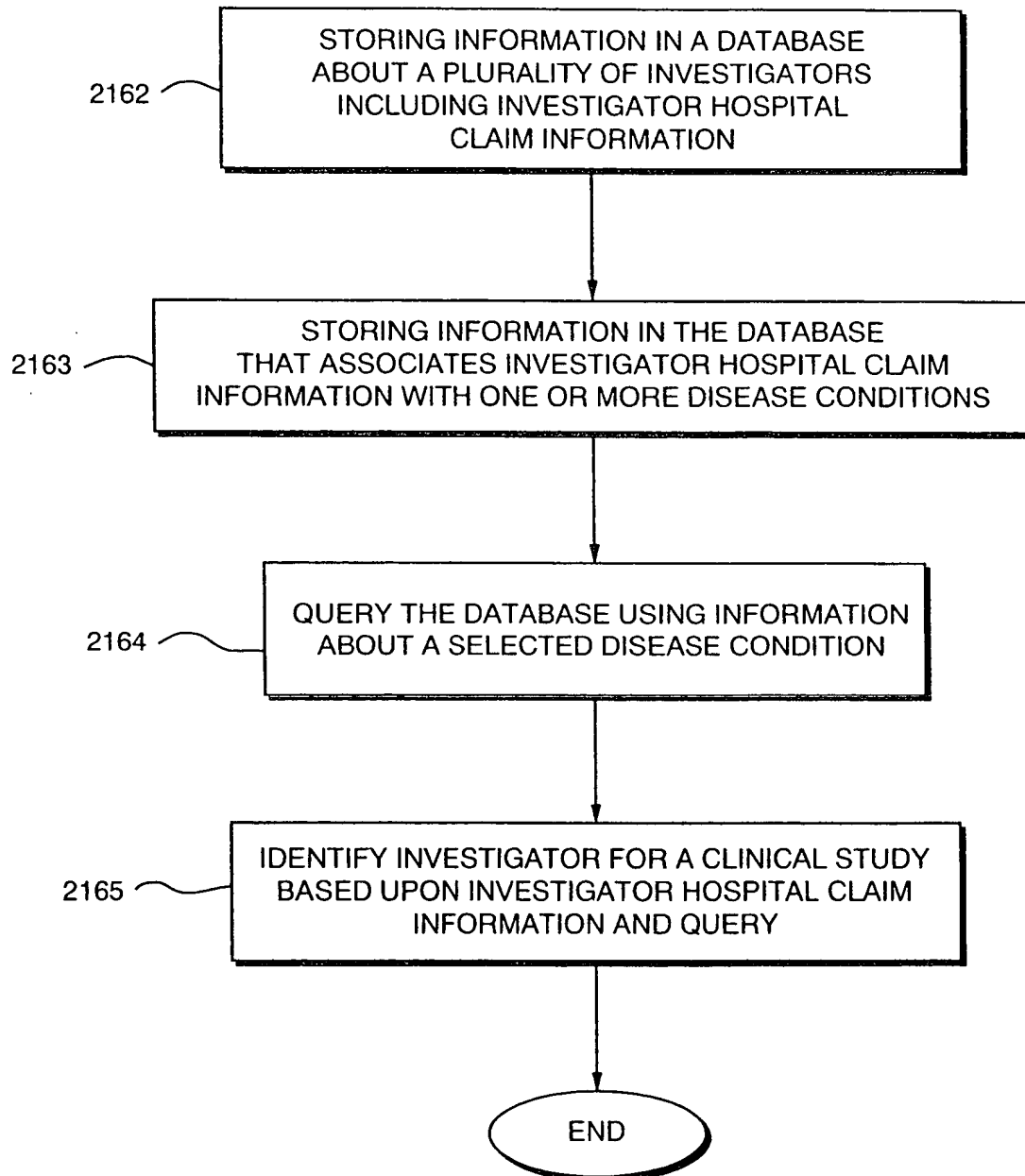


FIG. 21Q



INV\_STUDY\_PERFORMANCE

89/114

INVESTIGATOR\_ID: CHAR(18)  
STUDY\_PRF\_ID: CHAR(18)

2220

SOURCE\_CD: CHAR(18)  
SPONSOR\_ID: CHAR(18)  
SPONSOR\_CRO\_NAME: CHAR(18)  
PROTOCOL\_NUMBER: CHAR(18)  
STUDY\_PHASE\_CD: CHAR(18)  
DRUG\_NAME: CHAR(18)  
DRUG\_CLASS: CHAR(18)  
THERA\_CONDITION\_CD: CHAR(18)  
START\_DATE: CHAR(18)  
NUM\_ENROLLMENT\_COMMITMENT: CHAR(18)  
NUM\_PATIENTS\_ENROLLED: CHAR(18)  
ENROLLMENT\_MONTHS: CHAR(18)  
ENROLLMENT\_MET\_IND: CHAR(18)  
TIMEFRAME\_MET\_IND: CHAR(18)  
PLACEBO\_RESPONSE\_RATE: CHAR(18)  
NUM\_PATIENTS\_EVALUABLE: CHAR(18)  
MICROBIOLOGIC\_EVALUABLE: CHAR(18)  
BACTERIAL\_EVALUABLE: CHAR(18)  
NOTES: CHAR(18)  
CREATE\_DATE: CHAR(18)  
UPDATE\_DATE: CHAR(18)  
CREATE\_BY: CHAR(18)  
UPDATE\_BY: CHAR(18)

INV\_SPECIALTY

INVESTIGATOR\_ID: NUMBER(8)  
SPECIALTY\_CD: VARCHAR2(6)

2230

SOURCE\_CD: VARCHAR2(12)  
BOARD\_COMPLETE\_CD: VARCHAR2(12)  
CREATE\_DATE: DATE  
UPDATE\_DATE: DATE  
CREATE\_BY: INTEGER  
UPDATE\_BY: INTEGER

INV\_PATIENT\_POPULATION

INVESTIGATOR\_ID: CHAR(18)  
INDICATION\_CD: CHAR2(18)

2240

ANNUAL\_PATIENTS\_TREATED: CHAR(18)  
ANNUAL\_NEW\_PATIENTS\_TREATED: CHAR(18)  
INTERESTED\_IND: CHAR(18)  
CREATE\_BY: CHAR(18)  
UPDATE\_BY: CHAR(18)  
CREATE\_DATE: CHAR(18)  
UPDATE\_DATE: CHAR(18)

TO 2210  
FIG. 22B

FIG. 22A

INV\_INVESTIGATOR 90/114

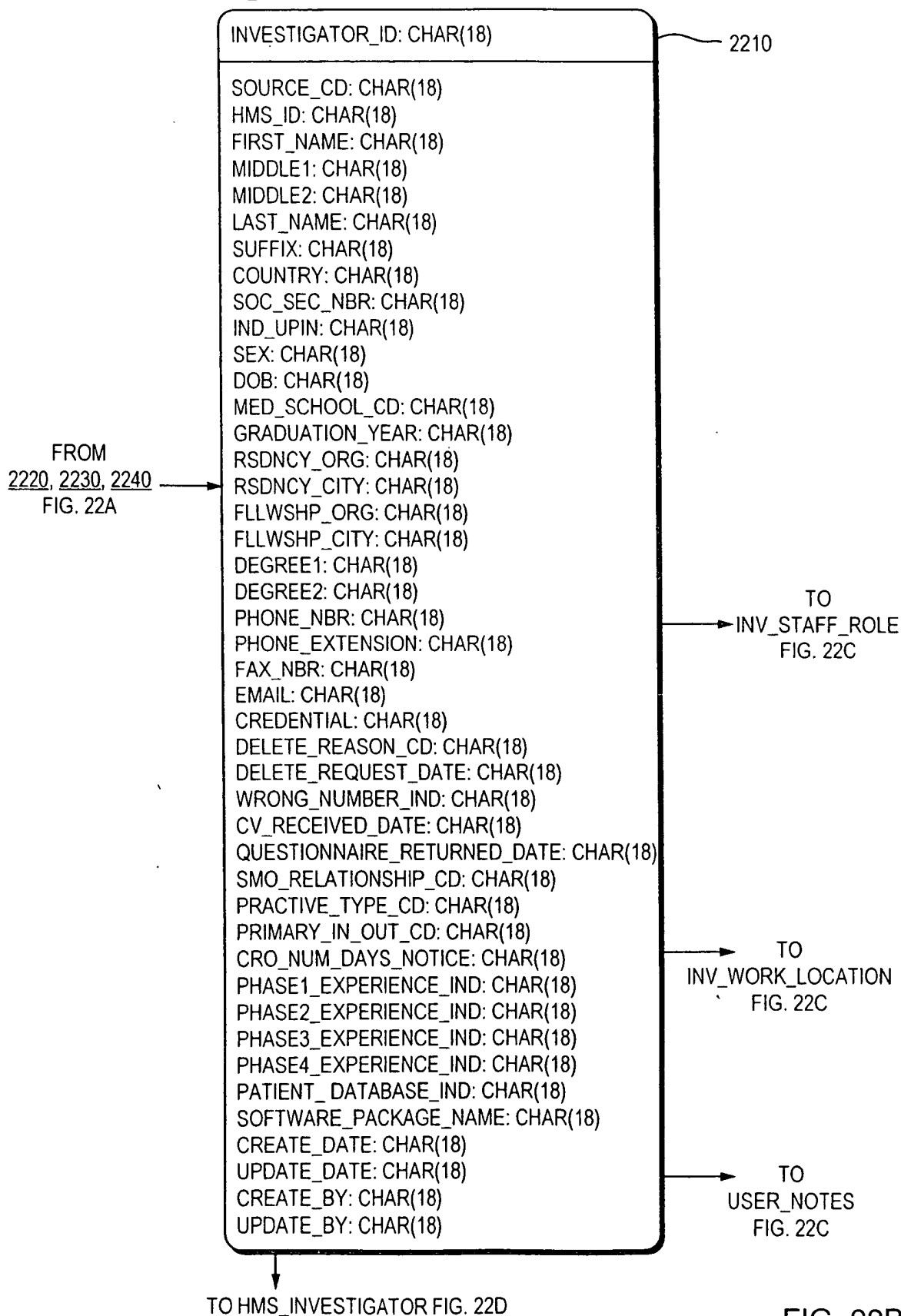
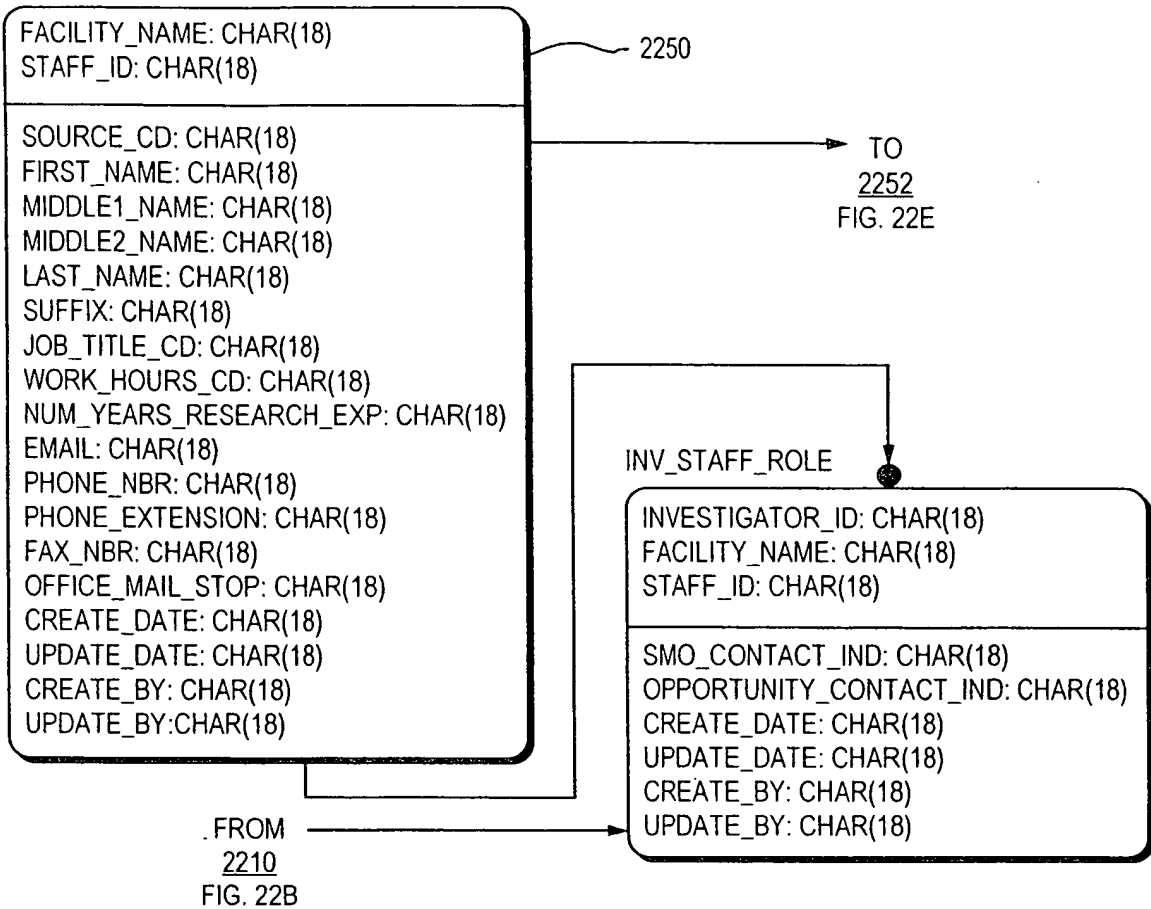


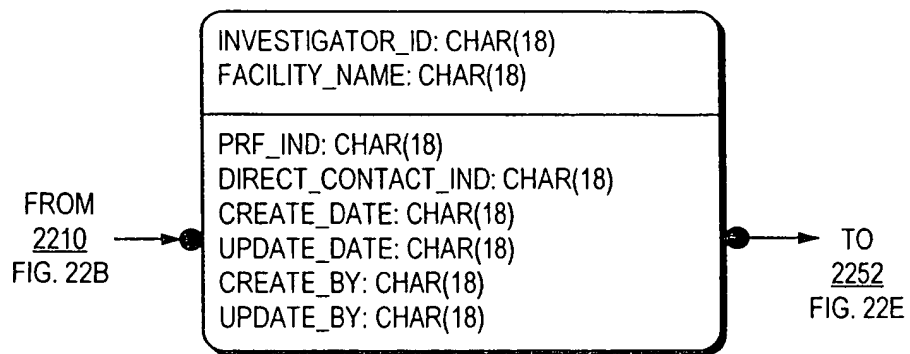
FIG. 22B

INV\_STUDY\_STAFF

91/114



INV\_WORK\_LOCATION



USER\_NOTES

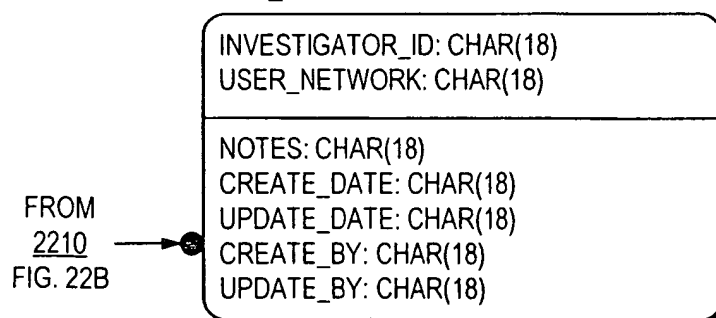


FIG. 22C

92/114

FROM  
2210  
FIG. 22B

HMS\_INVESTIGATOR

CONTACT\_ID: NUMBER(7)  
INVESTIGATOR\_ID: CHAR(18)

HMS\_ID: VARCHAR2(12)  
SOC\_SEC\_NBR: NUMBER(9)  
IND\_UPIN: VARCHAR2(7)  
FIRST\_NAME: VARCHAR2(25)  
MIDDLE\_NAME\_1: VARCHAR2(25)  
MIDDLE\_NAME\_2: VARCHAR2(25)  
LAST\_NAME: VARCHAR2(50)  
SUFFIX: VARCHAR2(10)  
CREDENTIAL: VARCHAR2(3)  
SEX: VARCHAR2(1)  
DOB: NUMBER(10)  
MED\_SCHOOL\_CD: VARCHAR2(8)  
GRADUATION\_YEAR: VARCHAR2(4)  
RSDNCY\_ORG: VARCHAR2(100)  
RSDNCY\_CITY: VARCHAR2(60)  
FLLWSHP\_ORG: VARCHAR2(100)  
FLLWSHP\_CITY: VARCHAR2(60)  
CREATION\_DATE: DATE  
UPDATE\_DATE: DATE  
CREDENTIAL\_2: VARCHAR2(3)  
INTRNSHP\_NAME: VARCHAR2(100)  
INTRNSHP\_CITY: VARCHAR(60)  
INTRNSHP\_STATE: VARCHAR2(2)  
UPIN\_SANC: VARCHAR2(50)  
STATE\_SANC: VARCHAR2(50)  
RSDNCY\_STATE: VARCHAR2(2)  
FLLWSHP\_STATE: VARCHAR2(2)

TO  
HMS\_HSPTL\_AFFLTN  
FIG. 22F

TO  
HMS\_SPECIALTY  
FIG. 22F

TO  
HMS\_DEA  
FIG. 22F

TO  
HMS\_BOARD\_CERT  
FIG. 22F

TO  
HMS\_LANGUAGE  
FIG. 22F

TO  
HMS\_INSURANCE\_AFFLTN  
FIG. 22G

TO  
HMS\_GRP\_UPIN  
FIG. 22G

TO  
HMS\_EMPLYR\_TAX\_ID  
FIG. 22G

TO  
HMS\_INV\_ADDRESS  
FIG. 22H

TO  
FDA\_1572  
FIG. 22H

FIG. 22D

93/114

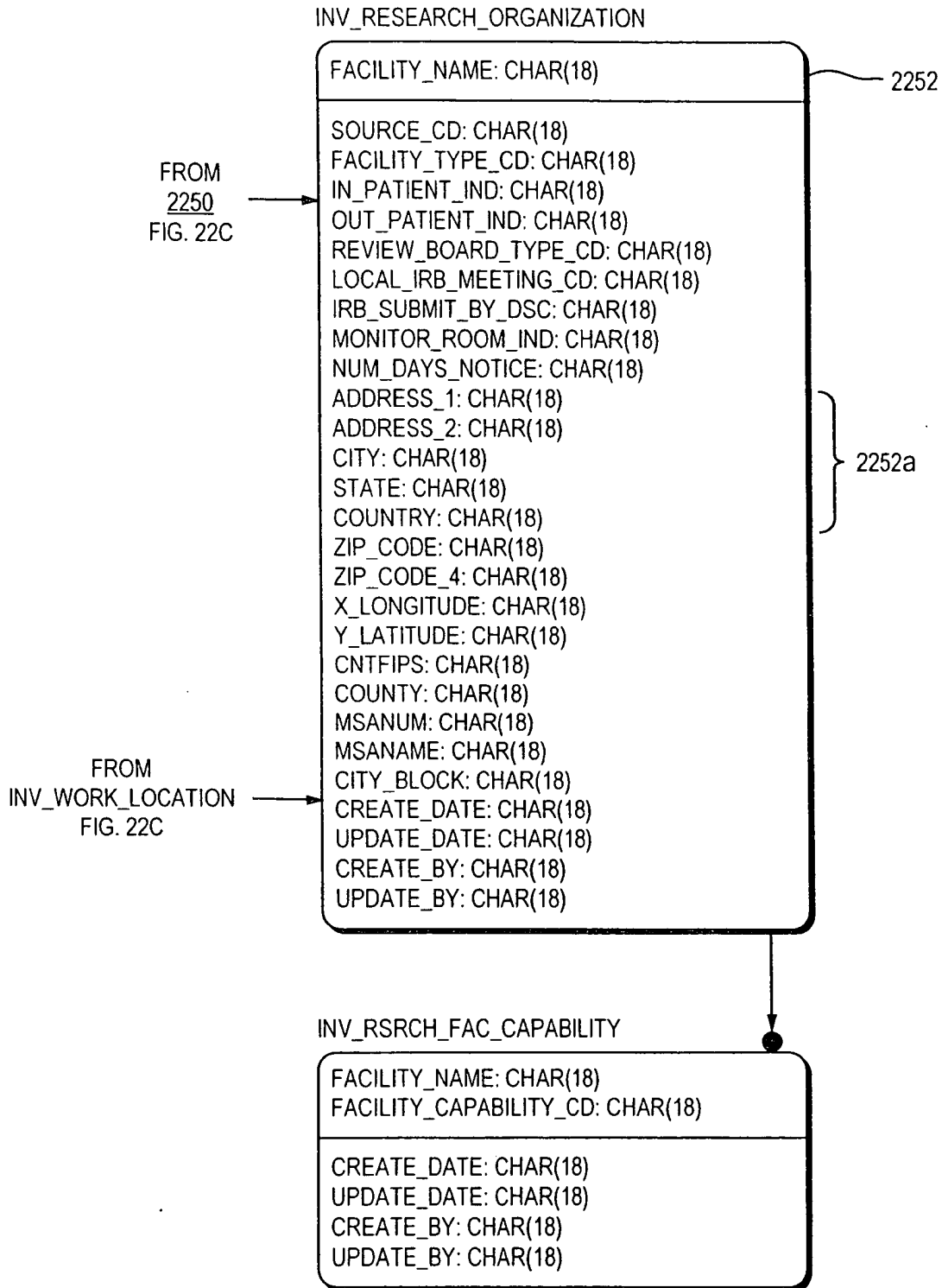


FIG. 22E

94/114

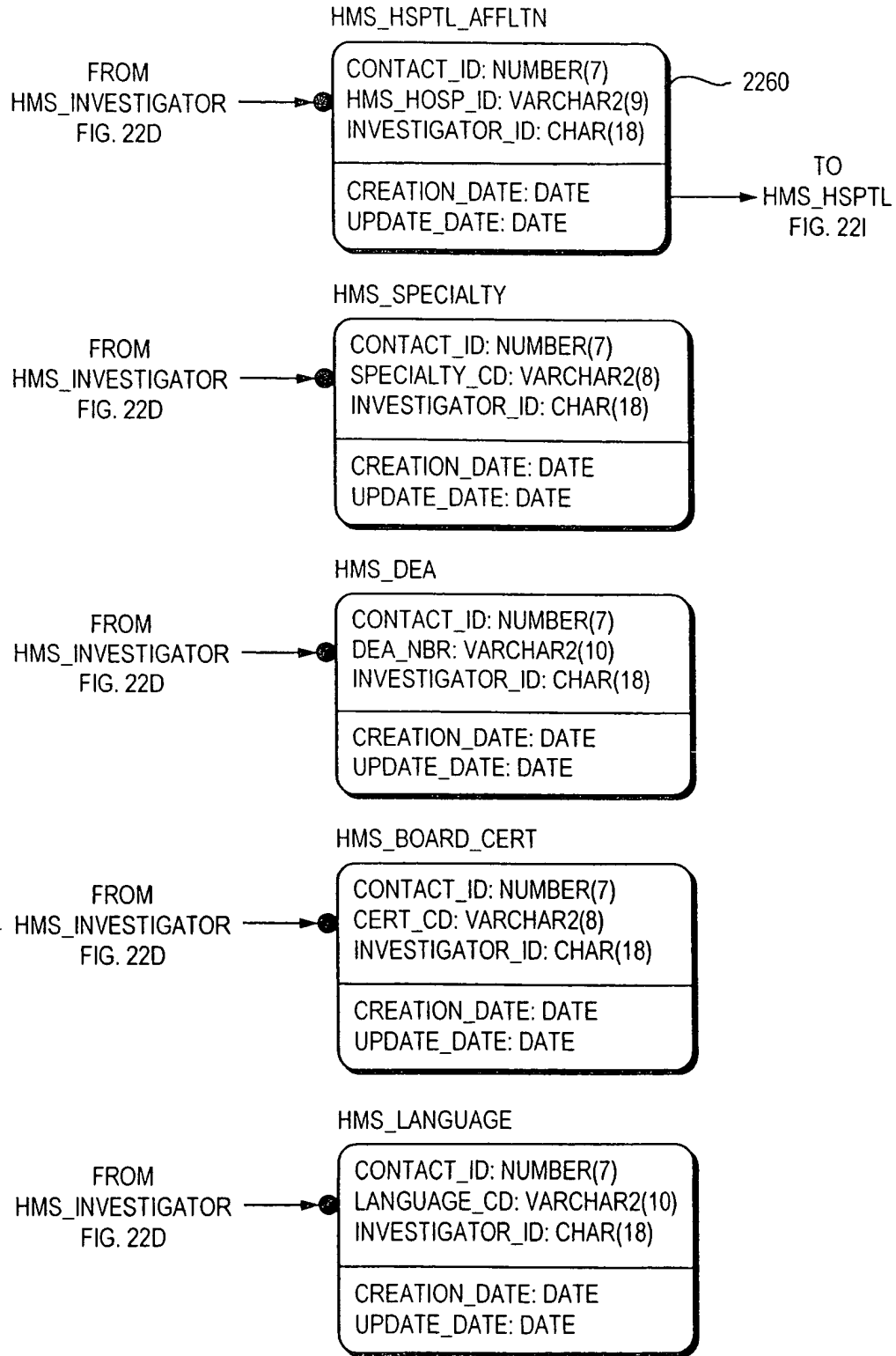


FIG. 22F

95/114

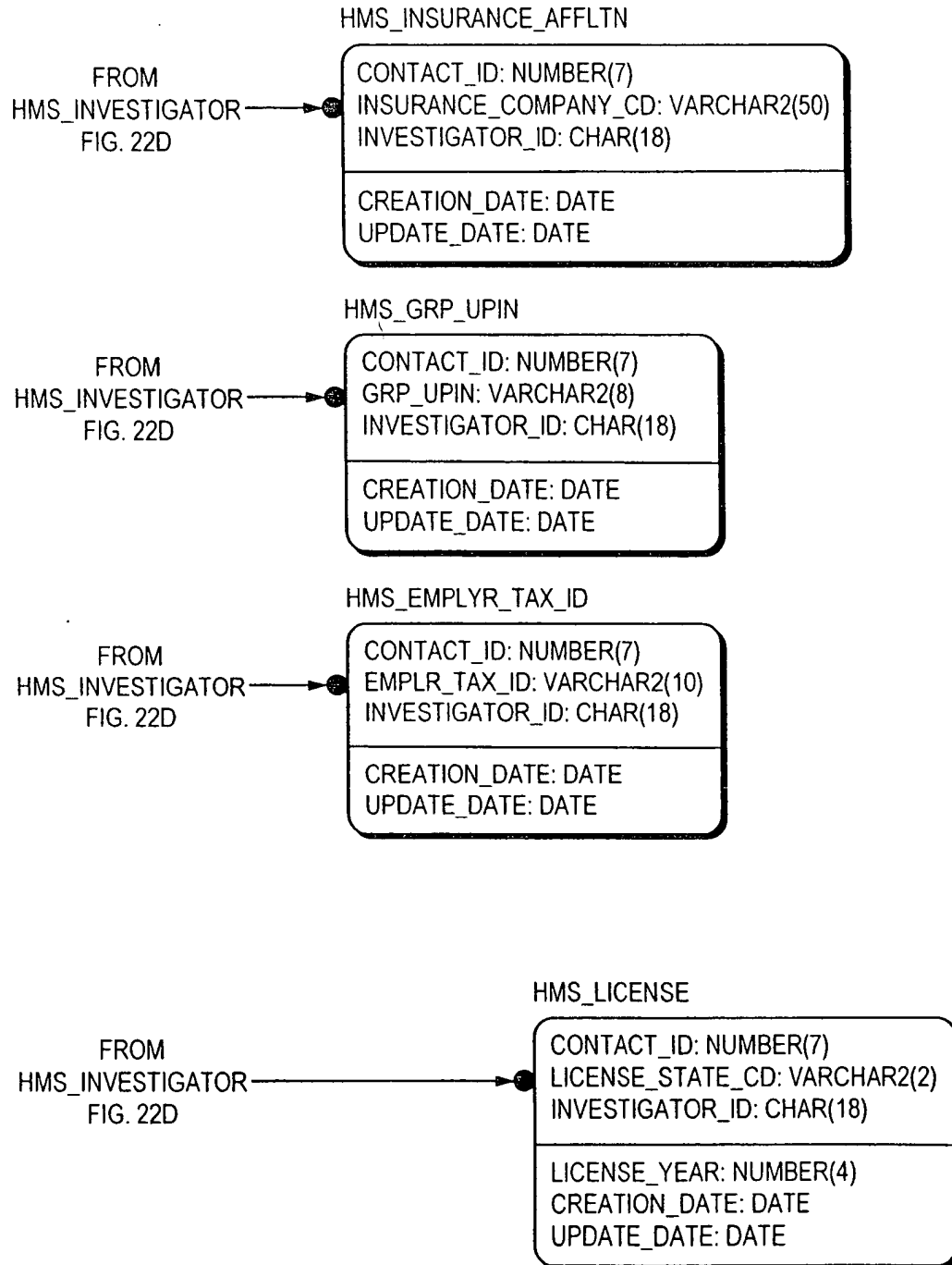


FIG. 22G

96/114

FROM  
HMS\_INVESTIGATOR  
FIG. 22DFROM  
HMS\_INVESTIGATOR  
FIG. 22D

FDA\_1572

HMS\_INV\_ADDRESS

CONTACT\_ID: NUMBER(7)  
 FDA\_1572\_ID: NUMBER(7)  
 INVESTIGATOR\_ID: CHAR(18)

CONTACT\_ID: NUMBER(7)  
 ADDRESS\_ID: NUMBER(6)  
 INVESTIGATOR\_ID: CHAR(18)

HMS\_ID: VARCHAR2(12)  
 LAST\_NAME: VARCHAR2(100)  
 FIRST\_NAME: VARCHAR2(25)  
 MIDDLE\_INITIAL: VARCHAR2(1)  
 SUFFIX: VARCHAR2(5)  
 CRED1: VARCHAR2(8)  
 ORGNAME: VARCHAR2(100)  
 ADDRESS: VARCHAR2(100)  
 CITY: VARCHAR2(35)  
 STATE: VARCHAR2(2)  
 ZIP\_CODE: NUMBER(14)  
 COUNTRY: VARCHAR2(60)  
 YEAR: NUMBER(4)  
 RECEIPT\_DATE: DATE  
 RECEIPT\_YEAR: NUMBER(4)  
 ORG\_TYPE: VARCHAR2(3)  
 CREATION\_DATE: DATE

HMS\_ID: VARCHAR2(12)  
 TIER: NUMBER(3)  
 FIRM\_NAME: VARCHAR2(100)  
 ADDRESS\_1: VARCHAR2(75)  
 ADDRESS\_2: VARCHAR2(75)  
 PHONE\_NBR: NUMBER(15)  
 FAX\_NBR: NUMBER(15)  
 CITY: VARCHAR2(35)  
 STATE: VARCHAR2(2)  
 ZIP\_CODE: NUMBER(10)  
 ZIP\_CODE\_4: NUMBER(4)  
 X\_LONGITUDE: NUMBER(15)  
 Y\_LATITUDE: NUMBER(15)  
 MSANUM: NUMBER(12)  
 MSANAME: VARCHAR2(45)  
 COUNTY: VARCHAR2(30)  
 CNTFIPS: NUMBER(12)  
 CITY\_BLOCK: VARCHAR2(30)  
 CREATION\_DATE: DATE  
 UPDATE\_DATE: DATE

FDA\_483

FDA\_1572\_STAT

CONTACT\_ID: NUMBER(7)  
 FDA\_DFCNCY\_ID: NUMBER(8)  
 CONTACT\_ID: NUMBER(7)  
 INVESTIGATOR\_ID: CHAR(18)

CONTACT\_ID: NUMBER(8)  
 INVESTIGATOR\_ID: CHAR(18)

HMS\_ID: VARCHAR2(12)  
 LAST\_NAME: VARCHAR2(100)  
 FIRST\_NAME: VARCHAR2(25)  
 ORG: VARCHAR2(100)  
 ADDRESS: VARCHAR2(100)  
 CITY: VARCHAR2(35)  
 STATE: VARCHAR2(2)  
 ZIP\_CODE: NUMBER(14)  
 COUNTRY: VARCHAR2(60)  
 INSPCTN\_DATE: DATE  
 CLSSFCTN\_TYP: VARCHAR2(2)  
 CLSSFCTN\_CD: VARCHAR2(5)  
 DFCNCY\_CD: NUMBER(2)  
 CREATION\_DATE: DATE

NUM\_TRIALS\_LAST5: INTEGER  
 NUM\_TRIALS\_LAST4: INTEGER  
 NUM\_TRIALS\_LAST3: INTEGER  
 NUM\_TRIALS\_LAST2: INTEGER  
 NUM\_TRIALS\_LAST1: INTEGER  
 TOTAL\_TRIALS\_LIFETIME: INTEGER  
 FIRST\_YEAR: INTEGER  
 LAST\_YEAR: INTEGER  
 UPDATE\_DATE: DATE

FIG. 22H



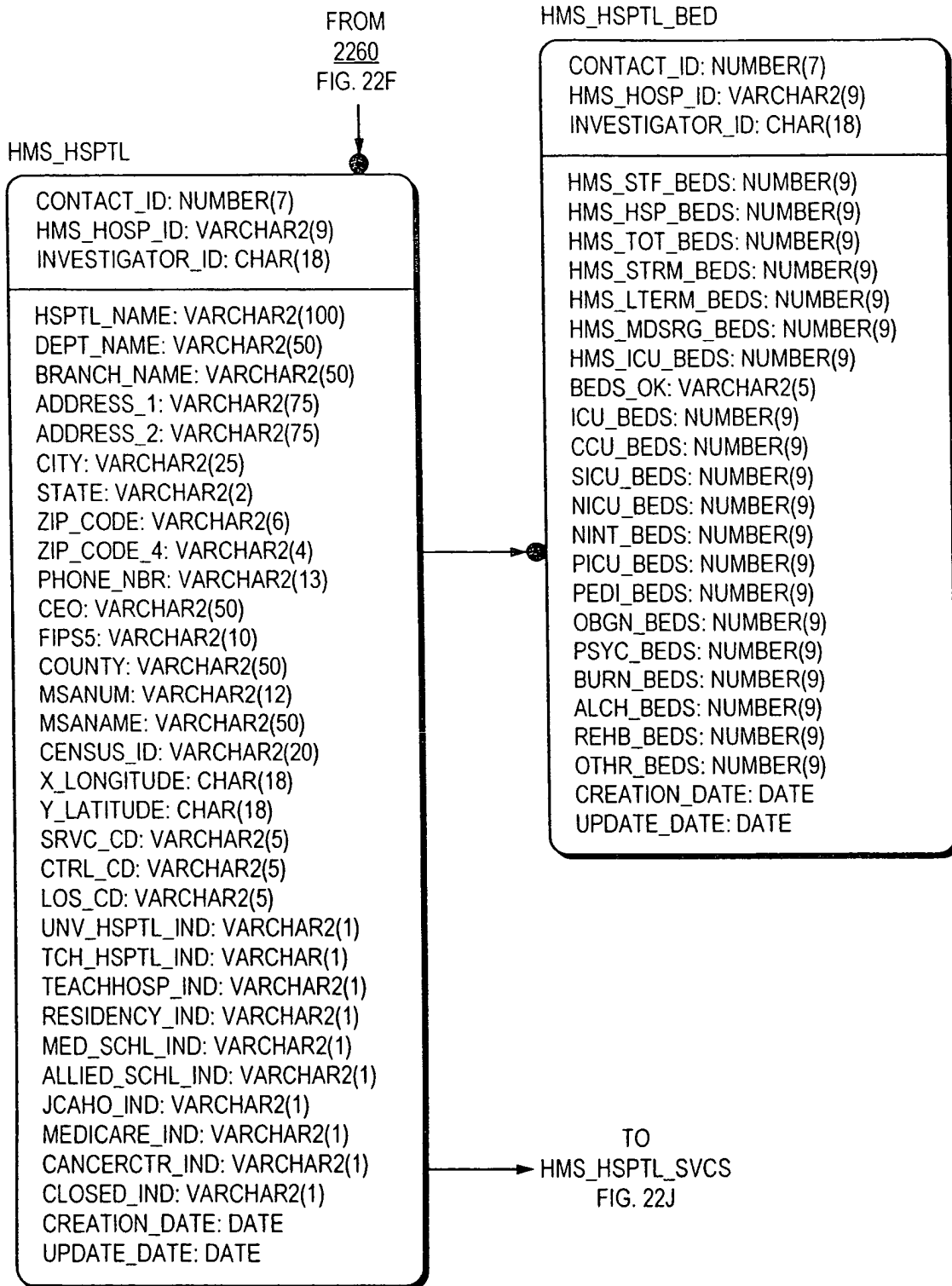


FIG. 22I

98/114

HMS\_HSPTL\_SVCS

CONTACT\_ID: NUMBER(7)  
HMS\_HOSP\_ID: VARCHAR2(9)  
INVESTIGATOR\_ID: CHAR(18)

AIDS\_SVCS: VARCHAR2(1)  
ANSTH\_SVCS: VARCHAR2(1)  
ANGPLSTY\_SVCS: VARCHAR(1)  
BLOODBNK\_SVCS: VARCHAR(1)  
BMTRNSPL\_SVCS: VARCHAR2(1)  
BURNCTR\_SVCS: VARCHAR2(1)  
CRDCTH\_SVCS: VARCHAR2(1)  
CVSRGY\_SVCS: VARCHAR2(1)  
CHIRO\_SVCS: VARCHAR2(1)  
CLPSY\_SVCS: VARCHAR2(1)  
CT\_SVCS: VARCHAR2(1)  
DENTL\_SVCS: VARCHAR2(1)  
ULTRSND\_SVCS: VARCHAR2(1)  
DIETRTY\_SVCS: VARCHAR2(1)  
ECARD\_SVCS: VARCHAR2(1)  
ECONV\_SVCS: VARCHAR2(1)  
EMRGCY\_SVCS: VARCHAR2(1)  
ESWL\_SVCS: VARCHAR2(1)  
LABAN\_SVCS: VARCHAR2(1)  
HEART\_SVCS: VARCHAR2(1)  
HRTLUNG\_SVCS: VARCHAR2(1)  
HEMDIAL\_SVCS: VARCHAR2(1)  
HOMCRE\_SVCS: VARCHAR2(1)  
HOSPCE\_SVCS: VARCHAR2(1)  
CCU\_SVCS: VARCHAR2(1)  
ICU\_SVCS: VARCHAR2(1)  
KIDNEY\_SVCS: VARCHAR2(1)  
LABCLNC\_SVCS: VARCHAR2(1)  
LIVER\_SVCS: VARCHAR2(1)  
LUNG\_SVCS: VARCHAR2(1)  
MEGVRAD\_SVCS: VARCHAR2(1)  
NEONUNT\_SVCS: VARCHAR2(1)  
NICU\_SVCS: VARCHAR2(1)  
MRI\_SVCS: VARCHAR2(1)  
NEURO\_SVCS: VARCHAR2(1)  
NSURG\_SVCS: VARCHAR2(1)  
NUCMED\_SVCS: VARCHAR2(1)  
OBSRVA\_SVCS: VARCHAR2(1)  
OBSTE\_SVCS: VARCHAR2(1)  
OCCTH\_SVCS: VARCHAR2(1)  
OPNHT\_SVCS: VARCHAR2(1)

FROM  
HMS\_HSPTL  
FIG. 22I

TO FIG. 22K

FIG. 22J

HMS\_HSPTL\_SVCS (CONT'D)

FROM FIG. 22J

OPTOM\_SVCS: VARCHAR2(1)  
 ORGBANK\_SVCS: VARCHAR2(1)  
 ORGAN\_SVCS: VARCHAR2(1)  
 OUTPAT\_SVCS: VARCHAR2(1)  
 OUTSRG\_SVCS: VARCHAR2(1)  
 PANCR\_SVCS: VARCHAR2(1)  
 PEDIAT\_SVCS: VARCHAR2(1)  
 PHARM\_SVCS: VARCHAR2(1)  
 PHYTH\_SVCS: VARCHAR2(1)  
 PSTOP\_SVCS: VARCHAR2(1)  
 PSYED\_SVCS: VARCHAR2(1)  
 PULMON\_SVCS: VARCHAR2(1)  
 RADIM\_SVCS: VARCHAR2(1)  
 RECTH\_SVCS: VARCHAR2(1)  
 REHAB\_SVCS: VARCHAR2(1)  
 RESPIR\_SVCS: VARCHAR2(1)  
 SELFCARE\_SVCS: VARCHAR2(1)  
 SKNLT\_SVCS: VARCHAR2(1)  
 SOCSVC\_SVCS: VARCHAR2(1)  
 SPEECH\_SVCS: VARCHAR2(1)  
 THERD\_SVCS: VARCHAR2(1)  
 TRAUMA\_SVCS: VARCHAR2(1)  
 XRADT\_SVCS: VARCHAR2(1)  
 CREATION\_DATE: DATE  
 UPDATE\_DATE: DATE

FIG. 22K

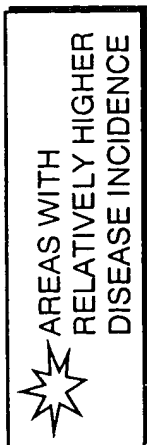


FIG. 22L

101/114

ELIGIBLE  
INVESTIGATOR  
SITES

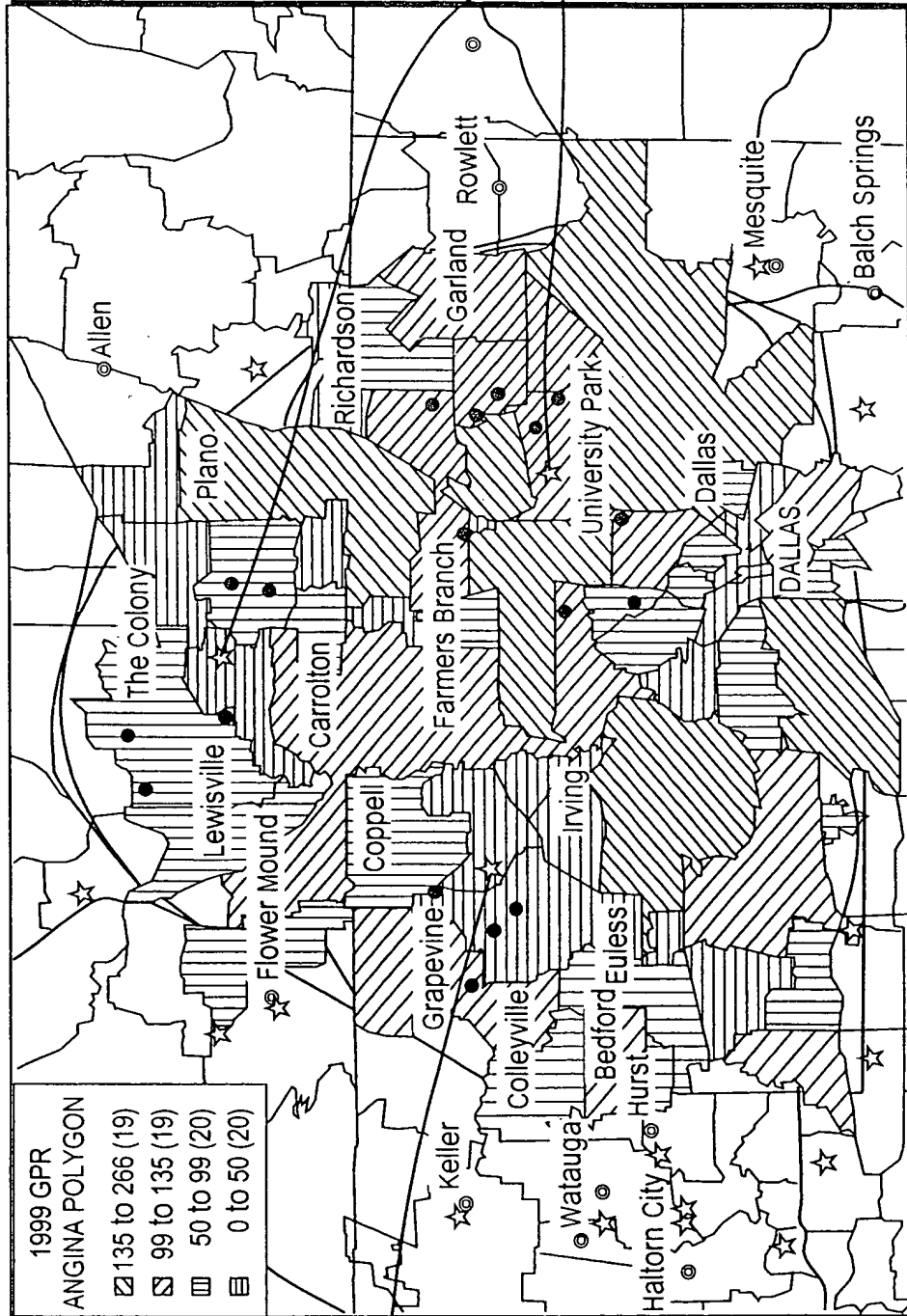


FIG. 22M

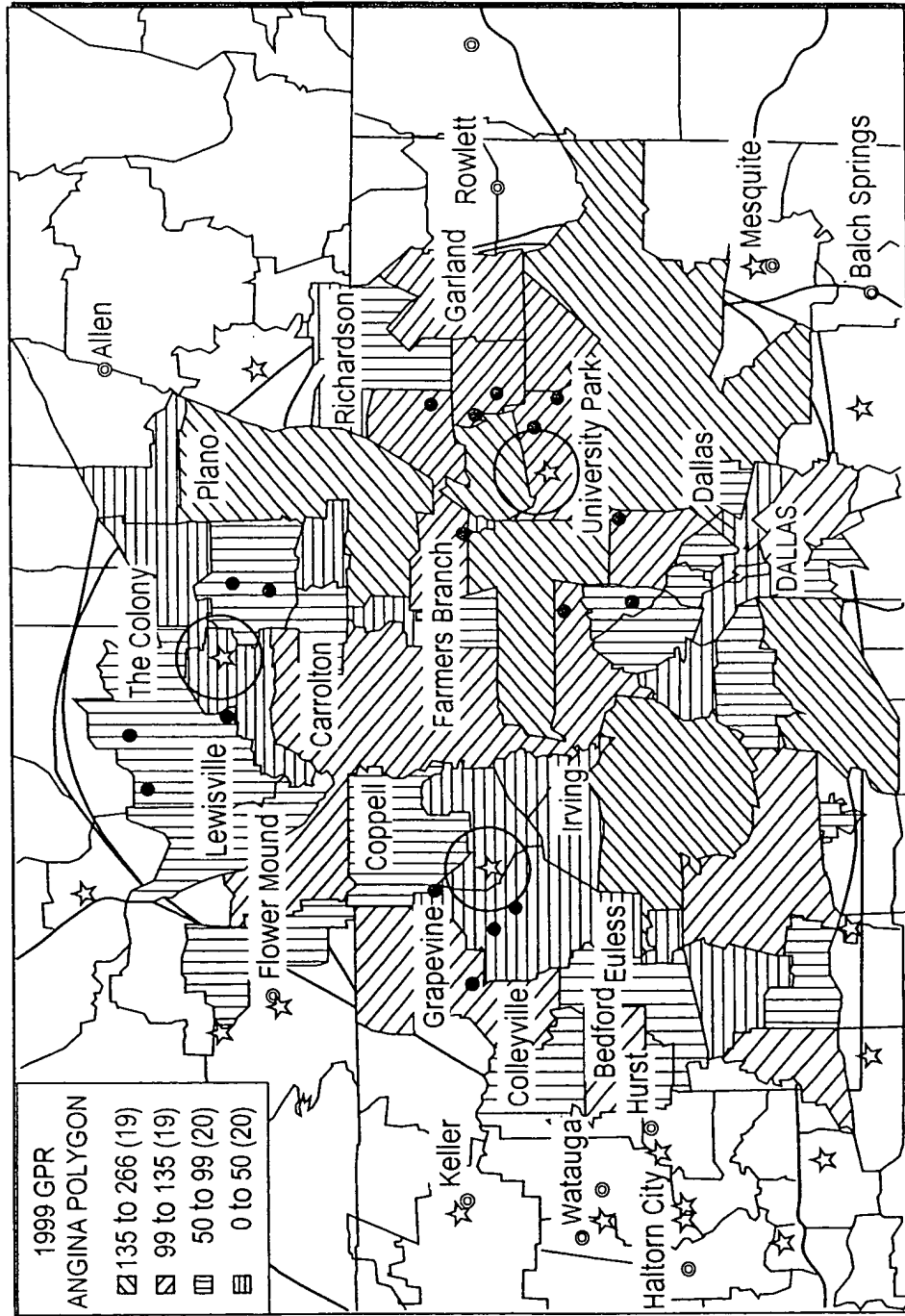


FIG. 22N

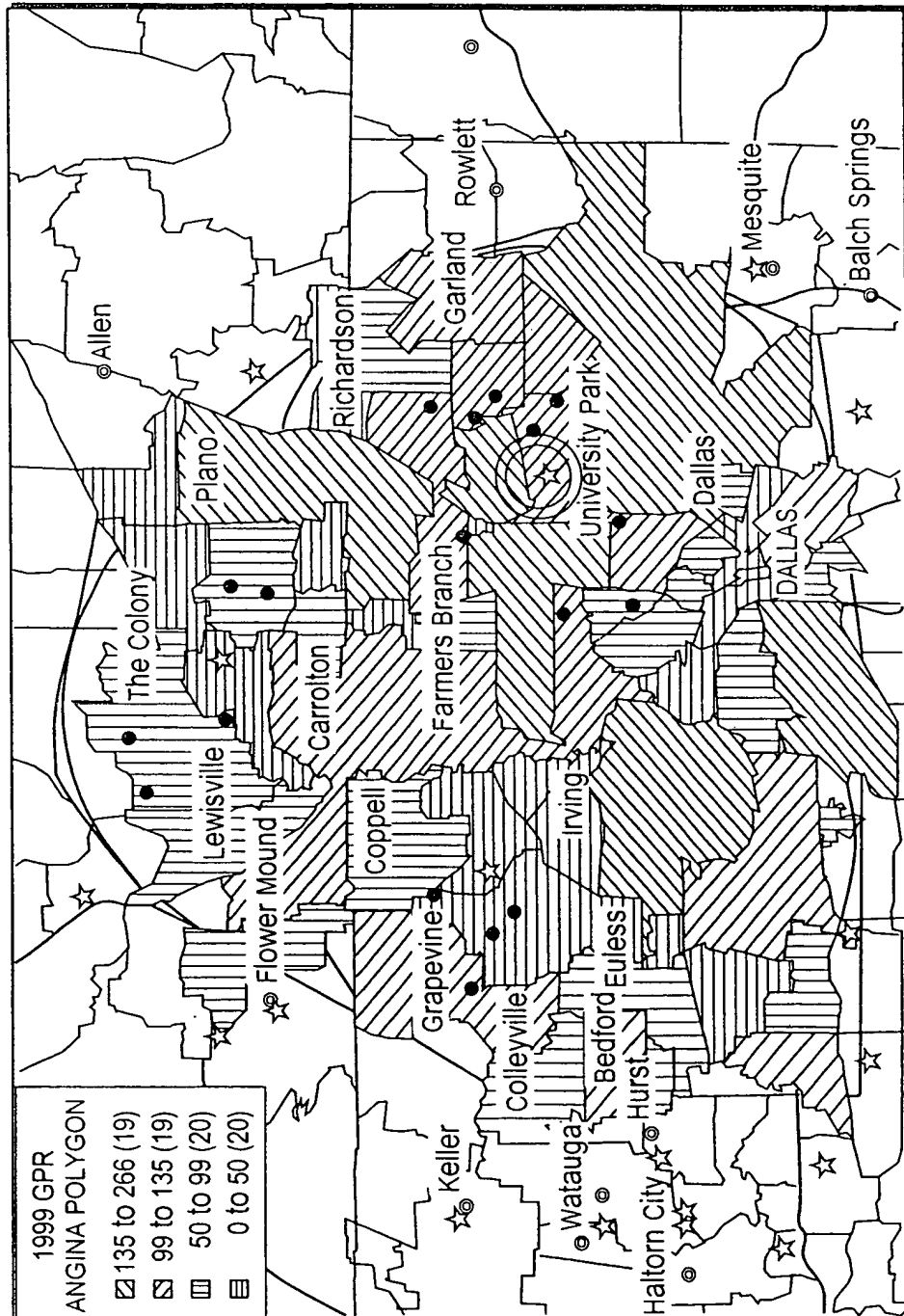


FIG. 220

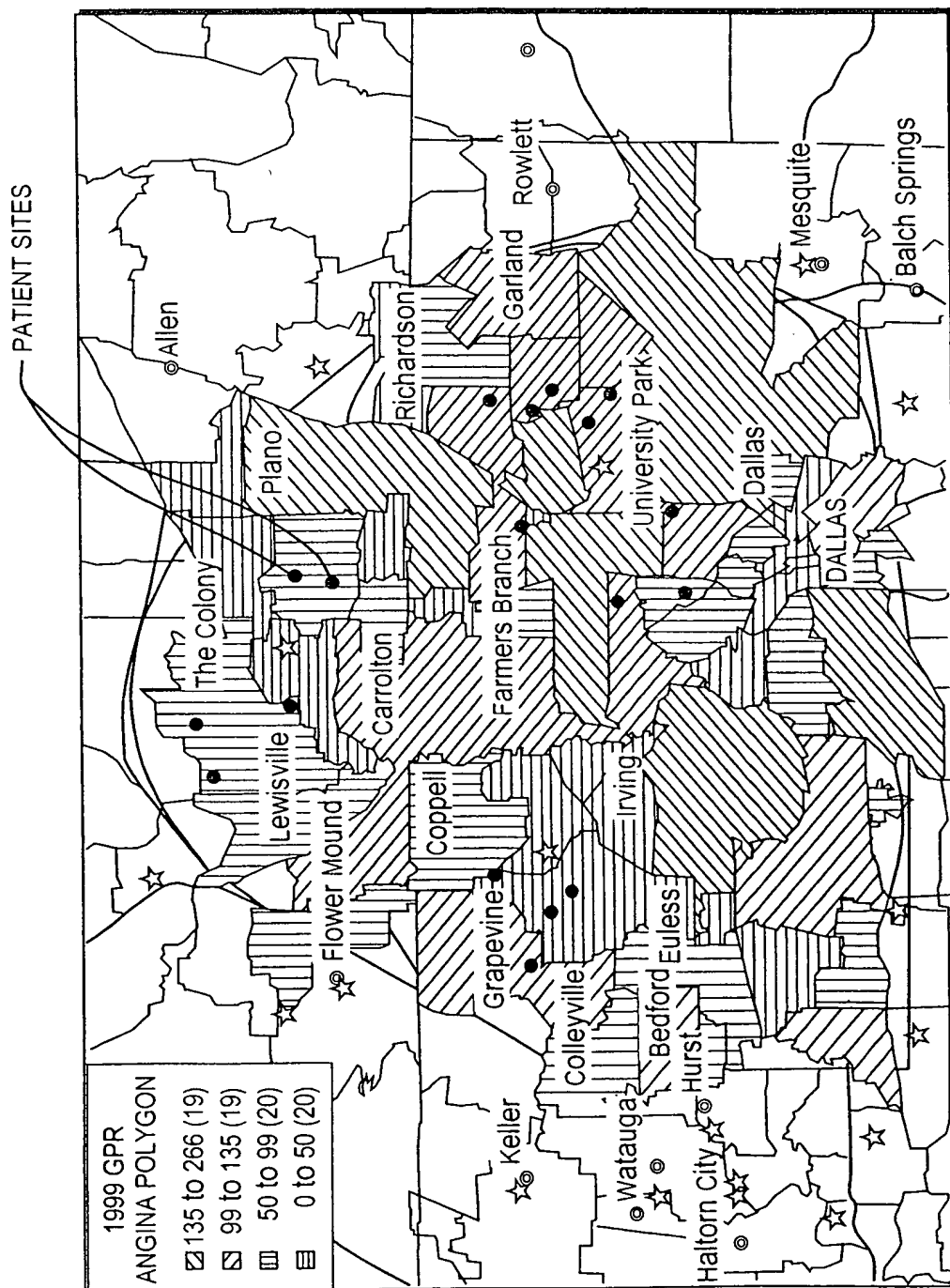


FIG. 22P



Smith, John

Specialty Cardiovascular Disease

Internal Medicine

Contact Information	Primary Research Facility	Study Staff	Trial Experience	Provider	Hospital	Prismatic View
Yellow = ABC Pharma Trial						
Indication	Start Date	Enrollment Commitment	Evaluable Patients	Timeframe (months)	Enrollment Percentage	ABC Pharma Rank
APT	1/15/2001	12	8	12	70%	4
CHF	11/1/2000	10	9	9	90%	2
CHF	10/5/2000	10	9	9	90%	
CHD	7/1/2000	8	3	6	40%	4
CAD	6/1/1999	15	12	6	80%	
CHT	2/15/1999	8	7	10	90%	3
CHF	3/1/1998	10	8	12	80%	
CHD	3/22/1997	6	4	10	60%	4
CHD	6/1/1996	8	6	10	80%	

AGGREGATED DATA 2302

DATA SUPPLIED BY SPONSOR VIEWING SCREEN 2304

FIG. 23

NEWS\_XREF

106/114

2400

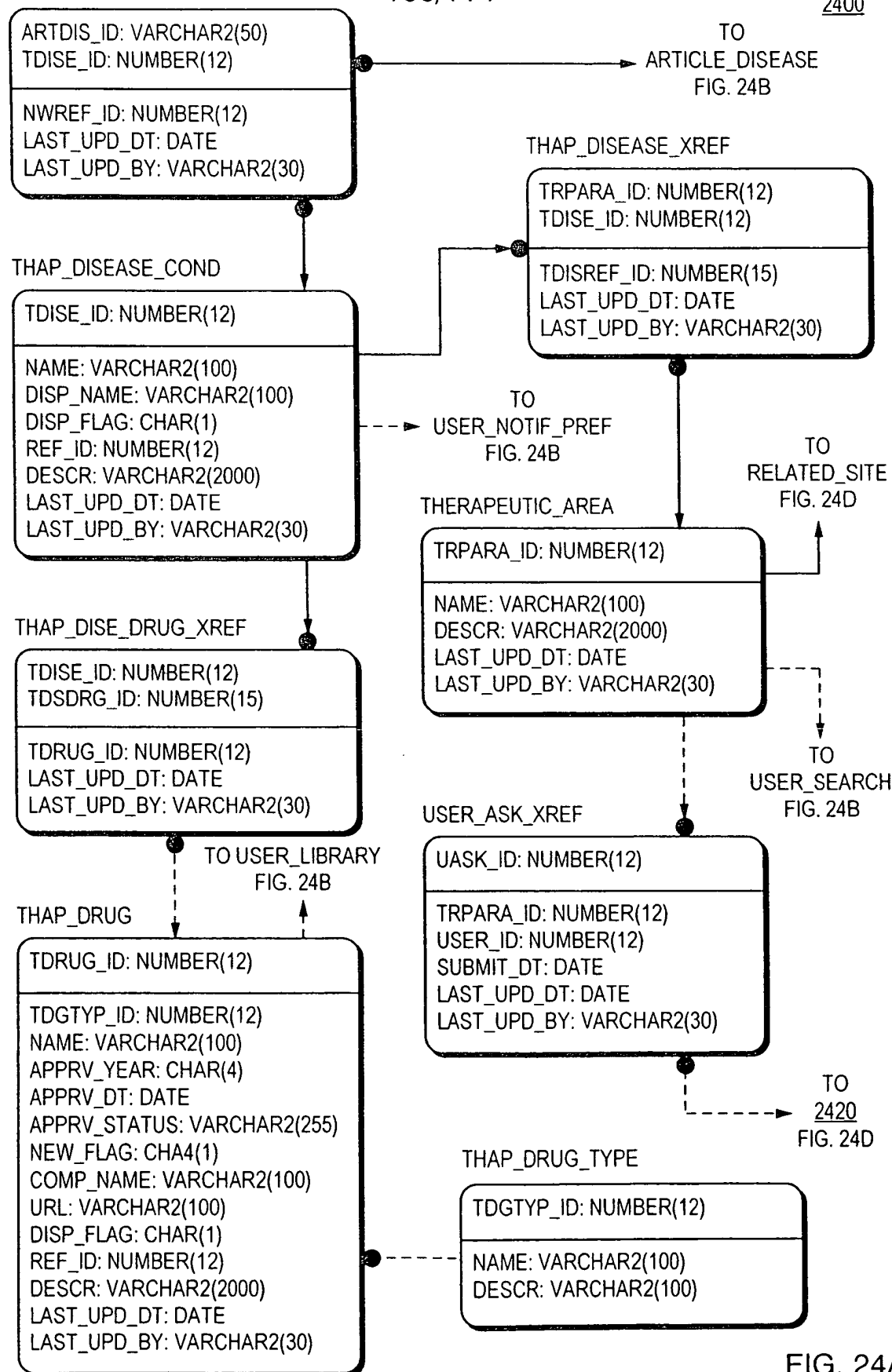


FIG. 24A

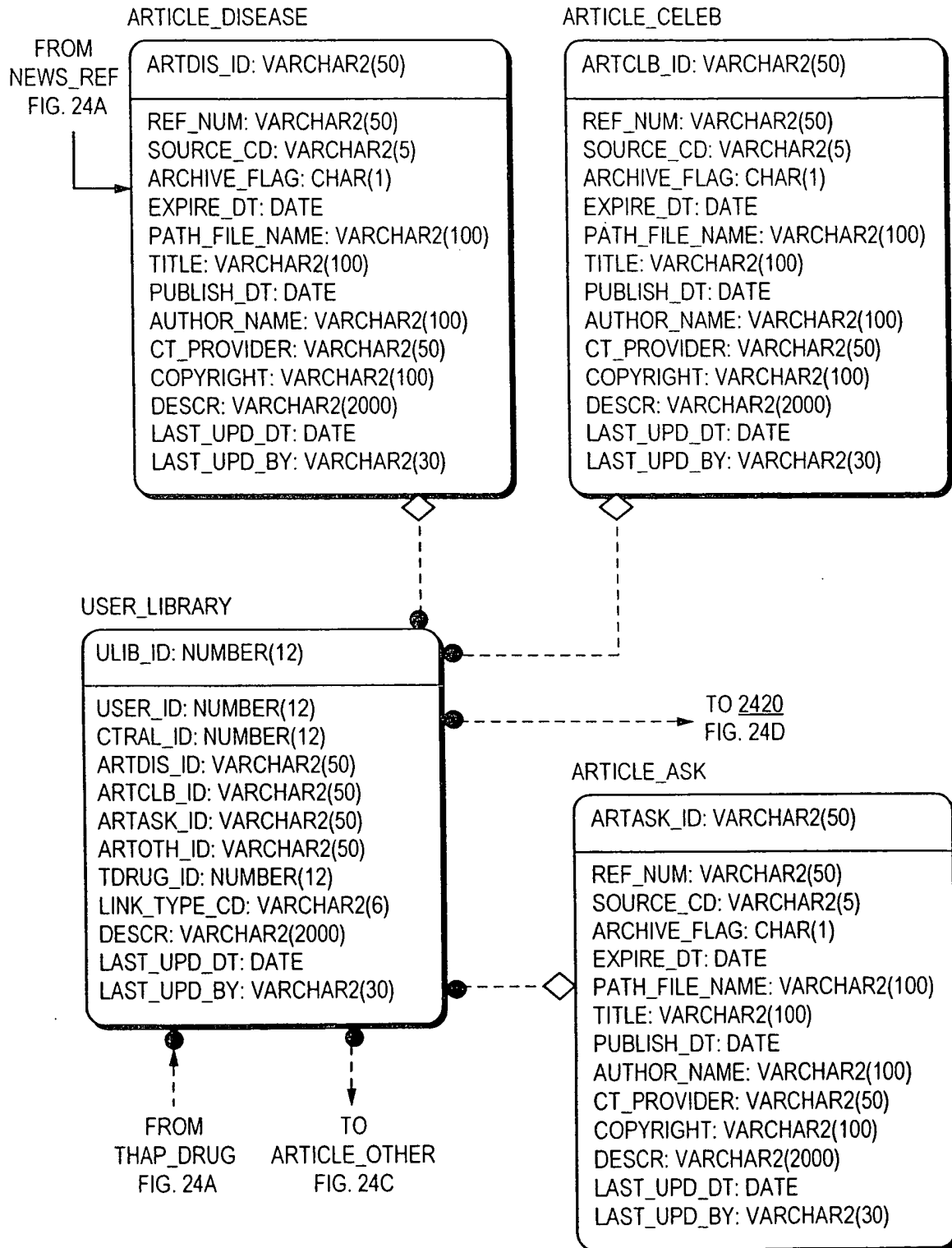


FIG. 24B

108/114

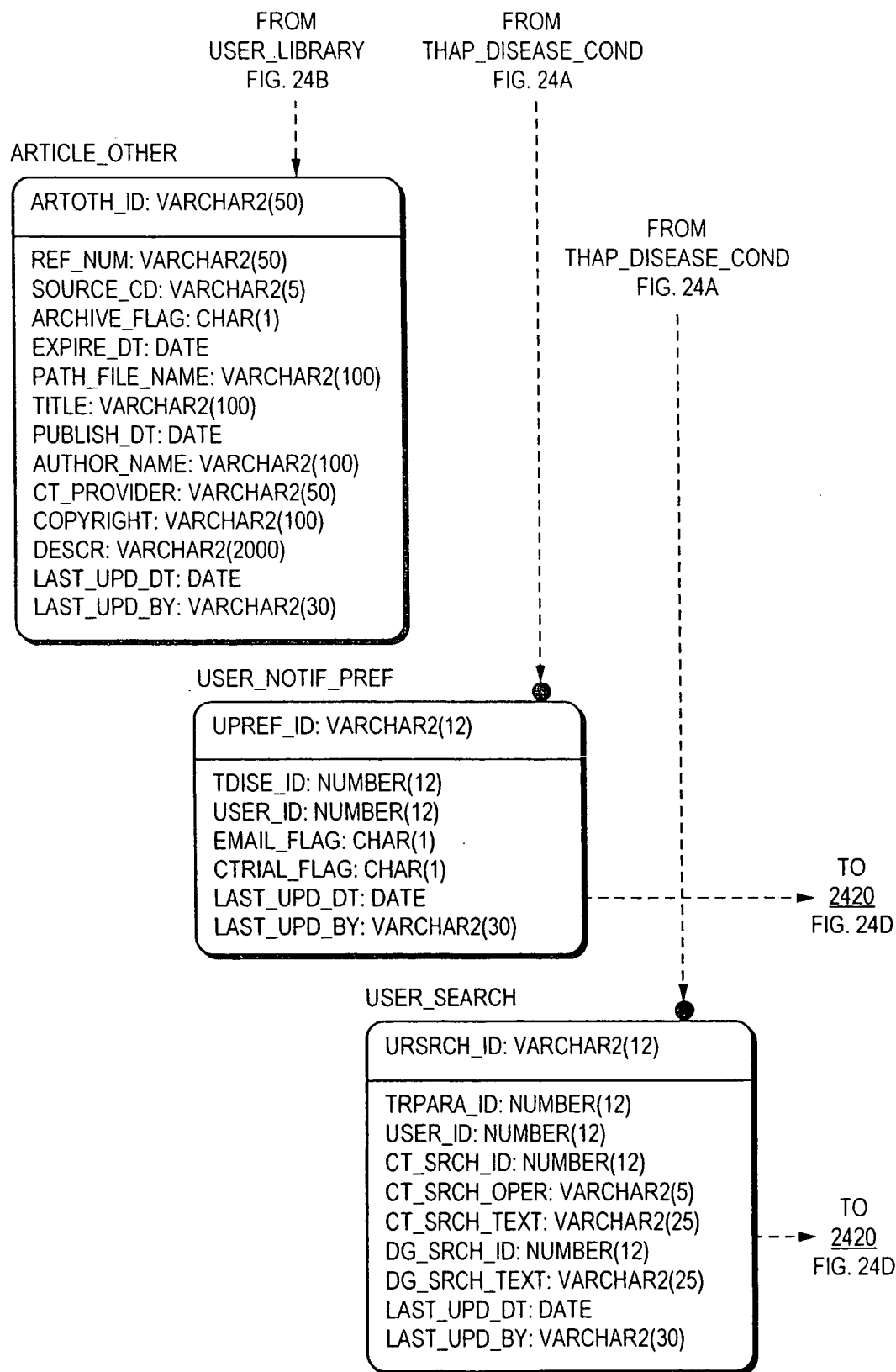


FIG. 24C

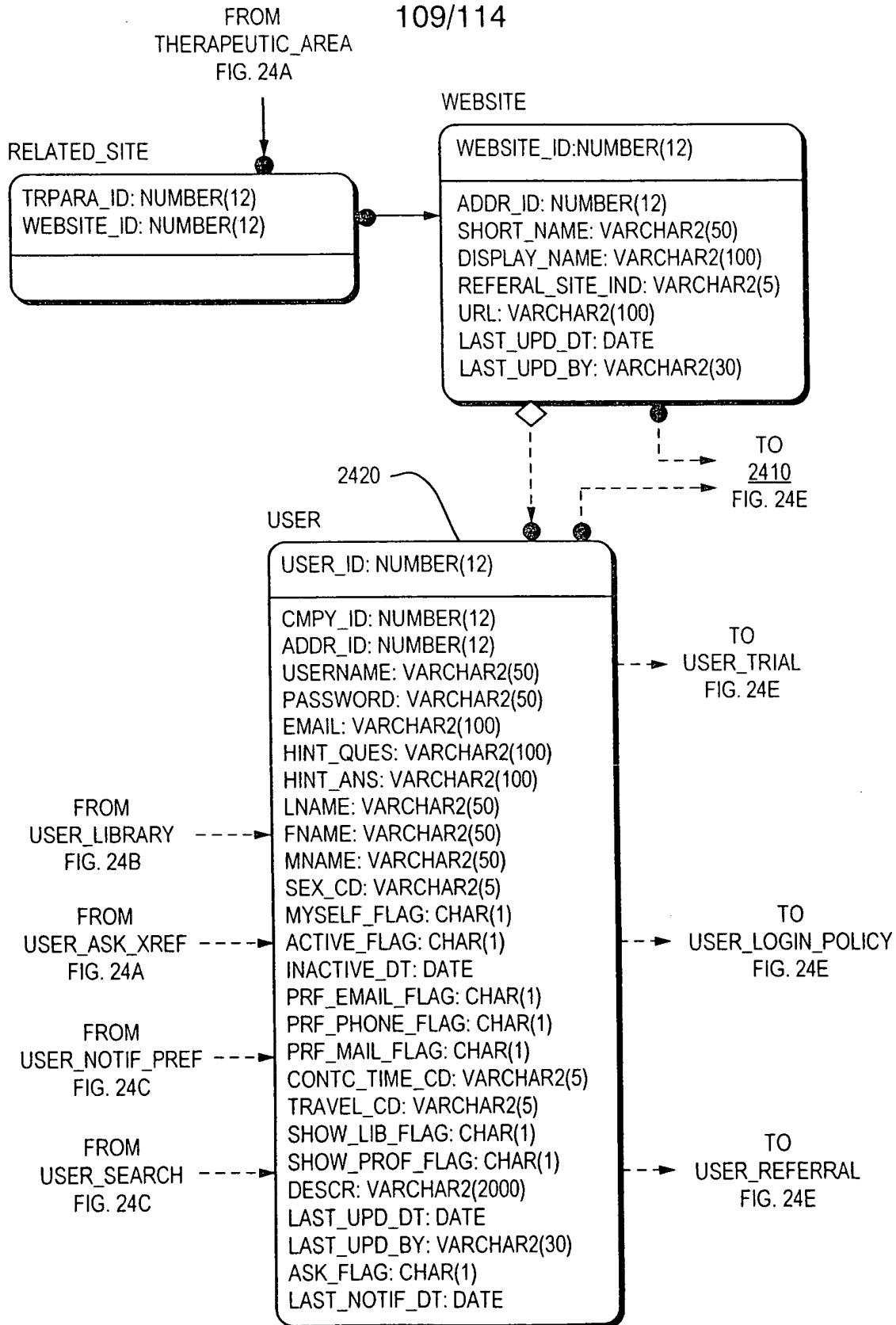


FIG. 24D

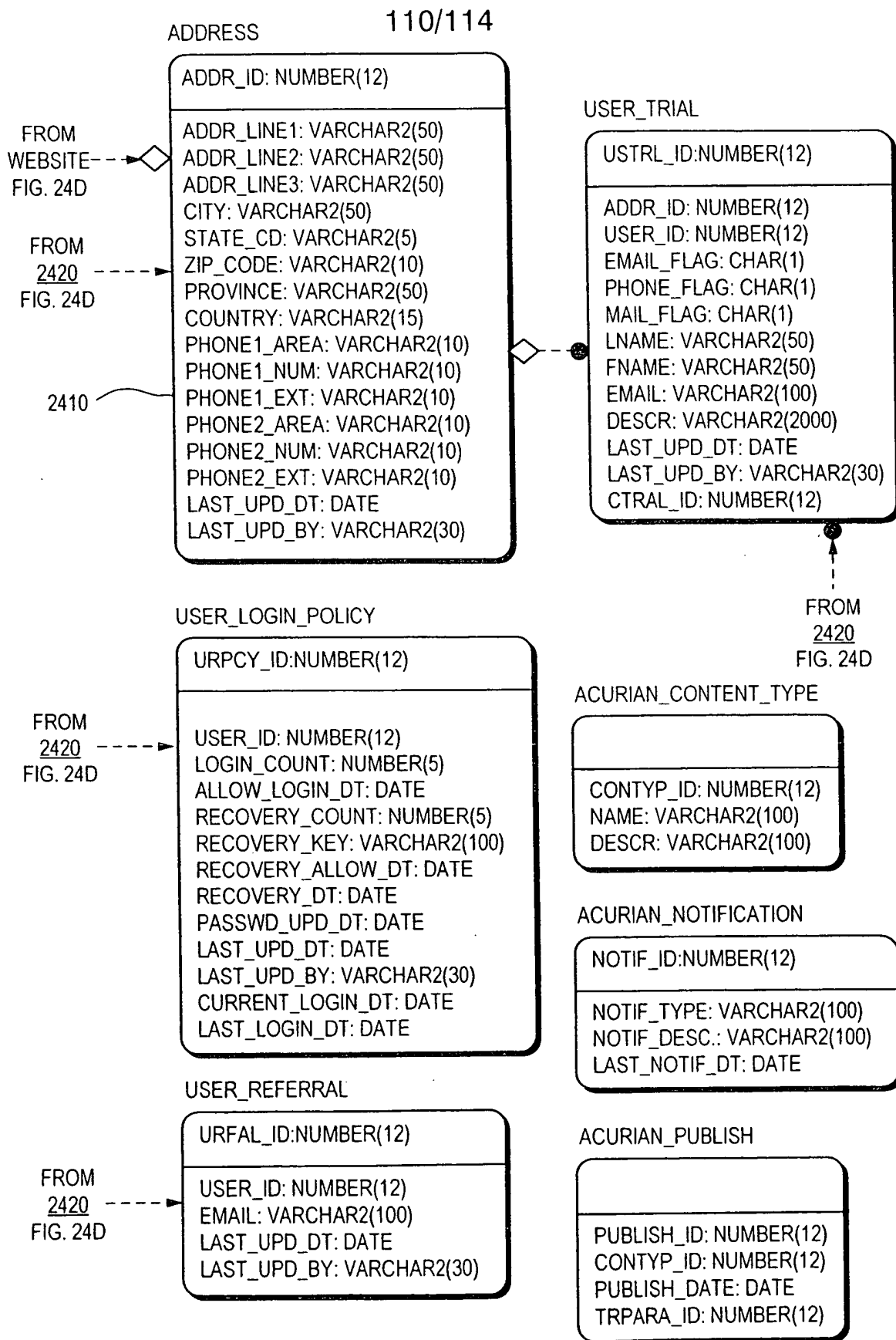


FIG. 24E

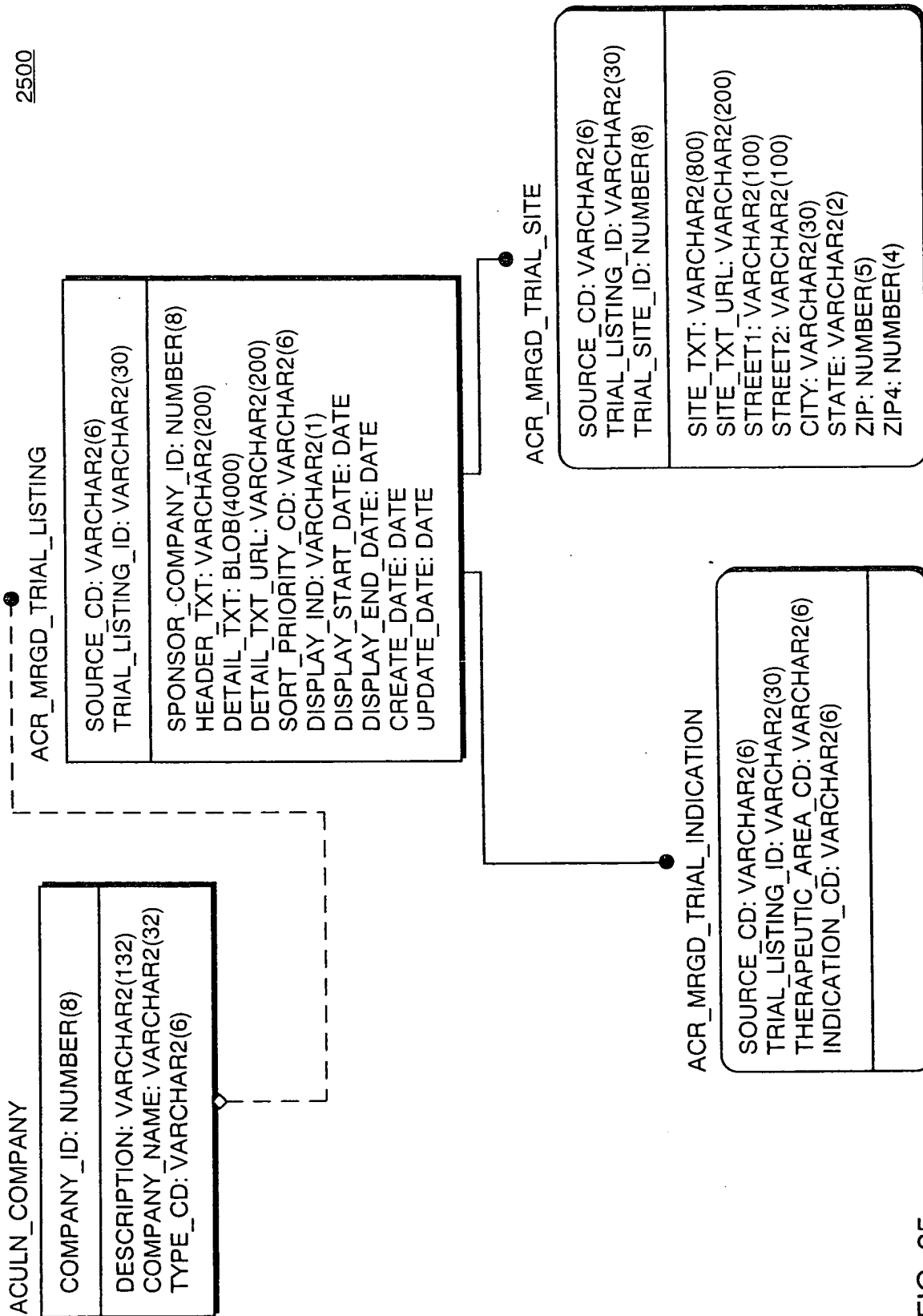


FIG. 25

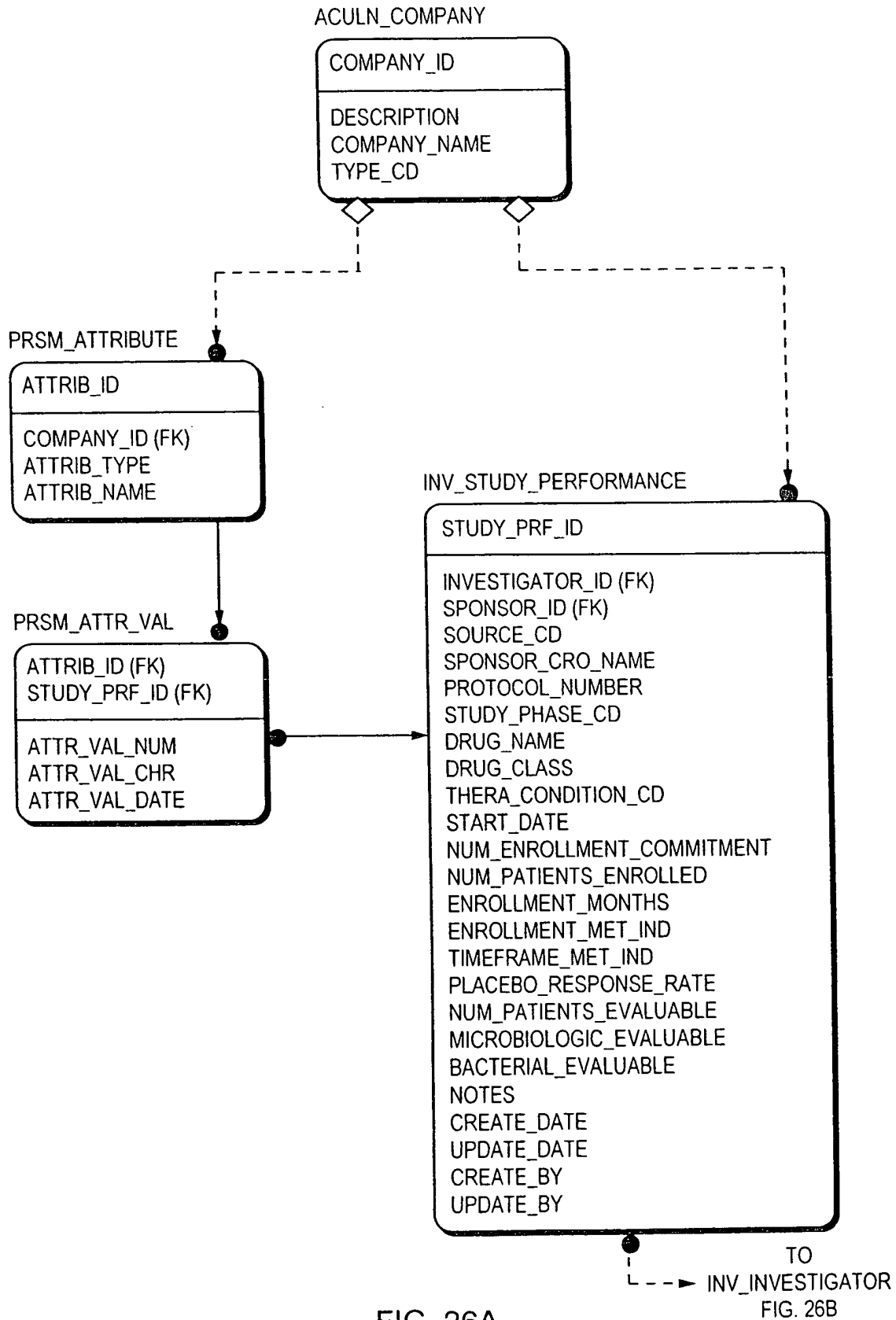


FIG. 26A

FIG. 26B



113/114

INV\_INVESTIGATOR

FROM  
INV\_STUDY\_PERFORMANCE --- ◆  
FIG. 26A

INVESTIGATOR\_ID

SOURCE\_CD  
HMS\_ID  
FIRST\_NAME  
MIDDLE1  
MIDDLE2  
LAST\_NAME  
SUFFIX  
COUNTRY  
SOC\_SEC\_NBR  
IND\_UPIN  
SEX  
DOB  
MED\_SCHOOL\_CD  
GRADUATION\_YEAR  
RSDNCY\_ORG  
RSDNCY\_CITY  
FLLWSHP\_ORG  
FLLWSHP\_CITY  
DEGREE1  
DEGREE2  
PHONE\_NBR  
PHONE\_EXTENSION  
FAX\_NBR  
EMAIL  
CREDENTIAL  
DELETE\_REASON\_CD  
DELETE\_REQUEST\_DATE  
WRONG\_NUMBER\_IND  
CV\_RECEIVED\_DATE  
QUESTIONNAIRE\_RETURNED\_DATE  
SMO\_RELATIONSHIP\_CD  
PRACTICE\_TYPE\_CD  
PRIMARY\_IN\_OUT\_CD  
CRO\_NUM\_DAYS\_NOTICE  
PHASE1\_EXPERIENCE\_IND  
PHASE2\_EXPERIENCE\_IND  
PHASE3\_EXPERIENCE\_IND  
PHASE4\_EXPERIENCE\_IND  
PATIENT\_DATABASE\_IND  
SOFTWARE\_PACKAGE\_NAME  
CREATE\_DATE  
UPDATE\_DATE  
CREATE\_BY  
UPDATE\_BY

FIG. 26B

114/114

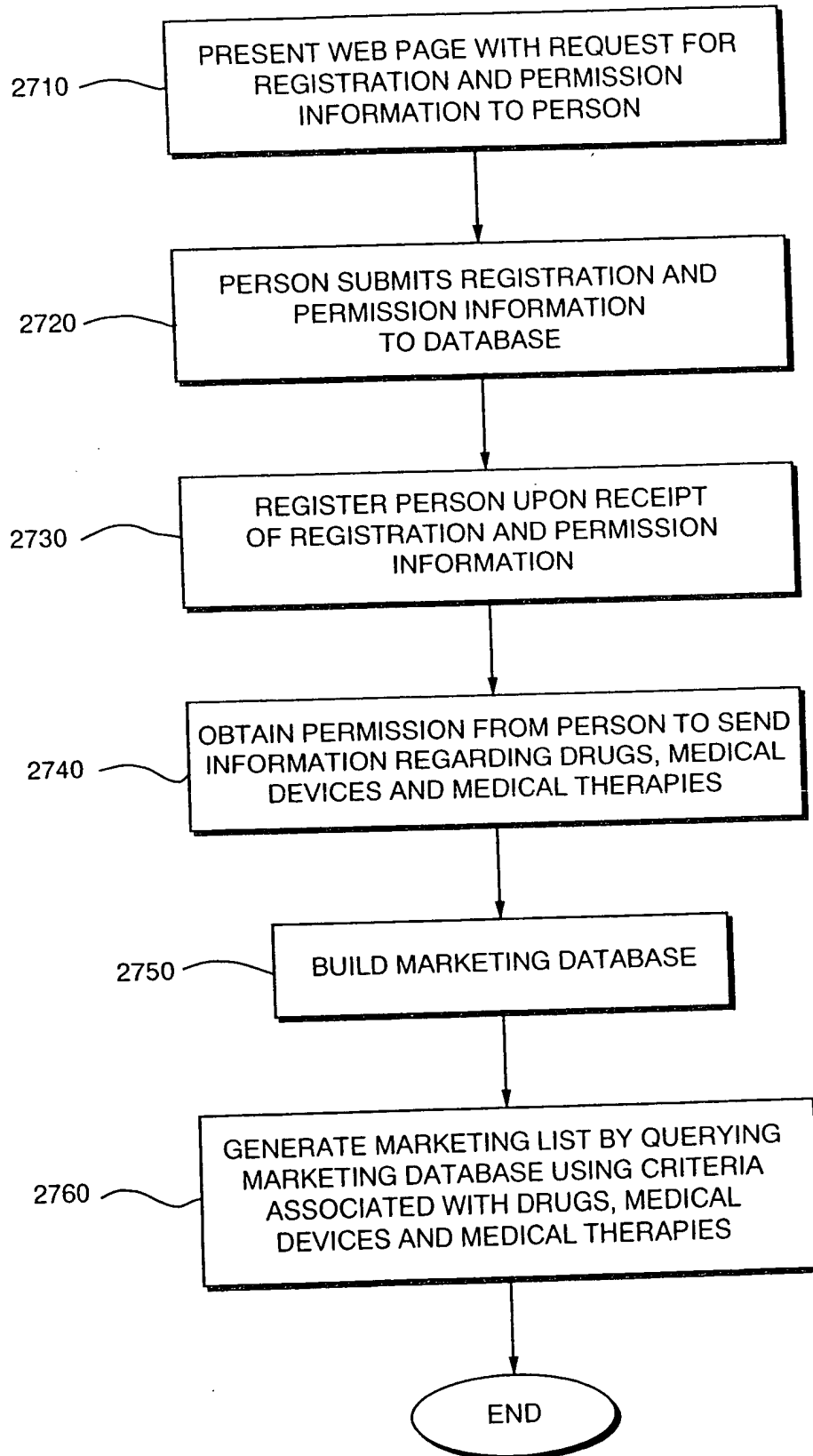


FIG. 27